



TENNESSEE FAMILY SUPPORT GUIDELINES

**DEPARTMENT OF INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES**

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Tennessee Family Support Guidelines

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SECTION 1

ELIGIBILITY

PRINCIPLES

Under the Family Support Act there is a two-prong test for eligibility. Eligible families/individuals must fall within the definition of family, including the definition of a family member with a severe or developmental disability, and the individual with a severe or developmental disability must be residing in the community in an unsupported setting.

Several key principles guide eligibility determination. First, eligibility determination should be kept as simple as possible. The process should not be intrusive on a family and should require a minimum of paperwork. Eligibility is distinctly different from enrollment or selection for the program. Many families may be eligible for the Family Support Program, but may not actually receive services, based on funds available, selection criteria, and other factors. Eligibility determination is a simple process that answers three broad questions.

- 1) Is this a family?
- 2) Is there a family member with a severe or developmental disability?
- 3) Is the family member with a severe or developmental disability residing in the family, in the community, in an unsupported setting? *(A supported setting is a residential setting that is state or federally funded and includes supportive services e.g. institutions, group homes, supported living, state funded foster homes, adoption assistance, and subsidized guardianship. Persons residing in such setting are not eligible for Family Support services.)*

Another key principle is that determination of the presence of severe or developmental disability is based on functional rather than diagnostic definitions. Disability type or label is not an issue; the impact of the disability on a person's life and on family life is what is critical. Severe or developmental disability is defined by its effects on major life functions, by its permanence, and by a person's need for supportive services.

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The primary focus of the Family Support Program is supporting:

- Families with children with a severe or developmental disability, school age and younger,
- Adults with a severe or developmental disability who choose to live with their families; and
- Adults with a severe or developmental disability who are residing in the community in an unsupported setting (not a state or federally funded program).

Family

To be eligible for Family Support a family must have a family member with a severe or developmental disability. A family may be:

- ◆ a unit that consists of a person with a severe or developmental disability and the parent, relative or other caregiver who resides in the same household, or
- ◆ a family of one. A person with a severe or developmental disability who lives without a parent, relative, or other caregiver support.

Citizenship

Federal Medicaid law requires proof of citizenship. In DIDD proof of citizenship for all program participants through contracts, grants and/or recipients of services is now required no matter the funding source. This verification is only needed one time per applicant. The contract agencies are responsible for providing the names, SS#, and date of birth of new applicants to DIDD Central Office Family Support staff before funding can be approved. DIDD-DHS Counselors will run a check on the names submitted. For those where verification cannot be found, it will be up to the contract agency to follow DHS rules for proof of citizenship (Appendix G) and submit this proof to the Central Office Family Support staff.

Residence

The individual must be a full-time Tennessee resident as required by and defined in Section 71-5-120 of the Tennessee Codes Annotated at time of application and when services are delivered (Appendix H).

Family Member with a Severe or Developmental Disability

An individual with a severe or developmental disability has a disability that:

- a) is attributable to a mental or physical impairment or a combination of physical and mental impairments;
- b) is likely to continue indefinitely;
- c) results in substantial functional limitations in three or more of the following areas of major life activity:
 - ♦ self-care
 - ♦ receptive and expressive language
 - ♦ learning
 - ♦ mobility
 - ♦ self direction
 - ♦ capacity for independent living
 - ♦ economic self-sufficiency; and
- d) reflects the person's need for special, interdisciplinary or generic care, treatment, or other services that are of lifelong duration and must be individually planned and coordinated.

When the term "severe or developmental disability" is applied to infants and young children, it means individuals from birth to age five inclusively, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in severe disabilities if services are not provided.

The basic definitions of family and residence are straightforward; however, further guidance on the definition of a severe or developmental disability may prove helpful. Family Support uses the functional definition from the Developmental Disabilities Act, without the requirement of an early age of onset.

For each piece of the definition, there are some specific ideas or concepts to consider when determining the presence of a severe disability.

- a) *"is attributable to a mental or physical impairment or combination of mental and physical impairments"*
- For Family Support eligibility is limited to families with members who have a severe or developmental disability. If a mental or physical impairment or combination exists, then parts b, c, & d in the definition will help determine if the impairment is severe or developmental.
- b) *"is likely to continue indefinitely"* - The continued presence of the impairment/disability is one of the ways to determine severity. The disability is not acute or temporary. It must be continuous and lifelong in nature, without any expectation of "cure" or substantial improvement.
- c) *"results in substantial functional limitations in three or more of the following areas of major life activity"*
- The functional limitations experienced must be attributable to the disability, not to other life factors or circumstances. Substantial functional limitations are those that are pervasive. They have cumulative effects within and across areas of major life activity. A substantial functional limitation is more than

just having difficulty in a major life area, or facing challenges in engaging in activities. It usually means that the person with a disability needs support or assistance to accomplish activities.

For children, it is sometimes more difficult to determine whether a limitation is due to disability or to age, development, or maturity. In general, typical children need support for major life activities. For children with a severe or developmental disability, the support needed is significantly over and above that which is needed for a typical child of the same age.

REMEMBER: In all cases, the presence or provision of support does not eliminate the limitation. The support just helps the person to be more independent and minimizes the limitation caused by a disability. For example, a person who uses an assistive communication device to speak still has a substantial functional limitation in language, despite having the ability to communicate with the support of the device. Likewise, a person who uses a wheelchair still has limitations in mobility, despite being able to get around using the wheelchair.

Major Life Activities:

Self care - Self care refers to personal skills that are required daily to maintain a healthy existence. It includes such things as dressing, eating, and personal hygiene. Substantial limitations are those which are related to a disability and which prohibit a person from being able to complete self care tasks independently. A person may need physical assistance, cues or direction, or some other form of support in order to engage in these activities.

Receptive and expressive language - Substantial functional limitations in expressive language refer to the effects of a disability on a person's ability to use language to communicate to others in ways typical to their culture and community. Alternative forms of communication or assistive techniques or devices may be required. Receptive language limitations are those which substantially affect a person's ability to receive and use information/communication from others. In both cases, the limitations may have their roots in a cognitive impairment that affects processing ability, a sensory disability, or a physical impairment that affects language and communication ability.

Learning - Substantial limitations in learning may be caused by disabilities that have an impact on a person's ability to learn without additional supports and services.

Being a student in special education does not necessarily mean that a person has a severe or developmental disability or a substantial limitation in learning. Usually, having a substantial limitation will mean that a high level of supports and services are needed in an educational setting.

Mobility - Mobility has to do with being able to move around and use one's physical abilities in the environment. A person with a substantial limitation in mobility requires supportive aids and devices.

Self direction - Self direction refers to the ability to use judgment and common sense, to make decisions based on information and reasoning. It also refers to personal behavior, for example, behavior which affects the safety of one's self and others. It involves being able to act appropriately for the context and environment. A substantial functional limitation is one that is directly related to a disability and which affects a person's ability to use his/her skills to act on good judgment and decision making and to act and interact in a range of typical situations. Self direction is often affected by age and other factors. It is important to look at the effect of the disability, not other variables.

Capacity for independent living - This refers to the ability to engage in the activities needed to live, work, and recreate in the community. Examples may include such things as shopping, cooking, money management, time management (getting to work on time, keeping appointments) or, traveling about in the community. A person may need assistance and/or supports in order to be able to accomplish these activities.

It would be a good idea to look broadly at a range of activities related to independent living that are typical to the culture or community in which a person lives. Most people will have areas of strength and weakness. Understanding the scope of limitations and need for supports is part of judging the severity of the limitations.

Economic self-sufficiency - This refers to the ability to obtain and retain a job in a competitive work environment. A substantial limitation related to disability is one that needs to be addressed by the provision of supports and assistance above those which a typical person may need to get and maintain employment.

- d) *"reflects the person's need for special, interdisciplinary, or generic care, treatment, or other services that are of lifelong duration and must be individually planned and coordinated"* - Many of the sections above have referred to the need for supports, assistance, or specialized services as indicators of the presence of a substantial limitation. If special, interdisciplinary, or generic care, treatment, or other services are not needed, or will not be needed over the entire life of the person, then the person's disability does not meet all elements of the definition of severe or developmental disability for Family Support.

Presumptive Eligibility

If an individual is currently receiving SSI (Supplementary Security Income), that person will be assumed to be an individual with a severe or developmental disability for the purposes of eligibility for Family Support services. An individual will also be considered to have a severe or developmental disability for the purposes of eligibility for Family Support services if that individual has been determined eligible for or is currently being served in another service funded by the Department of Intellectual and Developmental Disabilities (DIDD), or in the case of young children (ages birth - 5), are eligible for services through PART H/the Tennessee Early Intervention System, or preschool special education through an LEA. There needs to be proof of a severe or developmental disability in the individual file from a certifiable resource (Appendix B).

Review

Continued eligibility for families/individuals receiving services will be reviewed at least annually. For families/individuals on the waiting list, eligibility will be reviewed before service provision begins.

NOTES

An eligibility checklist (Appendix B) has been developed to assist in eligibility determination. It consists of two parts. The intake form provides a location to keep basic information about a family who is applying to the Family Support Program. The eligibility checklist is designed to assist Family Support staff in receiving the information needed to make an eligibility determination. The eligibility checklist consists of checkboxes to help Family Support staff determine a family's eligibility. Therefore, it is advised that the Family Support staff complete the form not the family. Family situations change and it is recommended that the Family Support staff review this form at least annually with families that are approved for an additional year.

The questions on the checklist are those that need to be answered by Family Support staff in order to determine eligibility. The questions do not have to be specifically asked of family members the way they appear on the list, but should serve as a guide for a dialogue between family members and staff (DIDD staff have an expanded version of the checklist if the agency would like a copy for their personal use when interviewing families). Family Support staff should be encouraged to meet with a family who has been referred, at a time and place convenient to the family. Meeting in the family home is preferable, if the family is willing. At such a meeting, the family and support staff can address the issues that will determine eligibility.

Families who believe that an eligibility decision may be erroneous may appeal the decision through the grievance/appeals procedures outlined in Section 9.

SECTION 2

SELECTION AND ENROLLMENT

PRINCIPLES

All families who meet the statutory definition are considered eligible for the Family Support Program, however, it is expected that demand may outstrip resources in some areas. When that is the case, decisions will have to be made about which families are to be selected and enrolled in the program. Selection and enrollment should take place in ways that are fair and equitable and that respect family diversity in regard to cultural, economic, social, and spiritual differences. They should also take into account local and district differences.

The values of the Family Support Program are rooted in family involvement and empowerment. The program is based on a supportive model that makes use of formal programs and services (generic and specialized), and the informal networks of friends, neighbors, extended family and others. It is advantageous then, to have selection and enrollment decisions for the program made at the local level. The community is where family needs and available supports are best known.

GUIDELINES

Selection

The selection process is different from the process of determining eligibility, and in many ways is more challenging. There is a great deal of flexibility in the selection process, which relies on consumer councils to assist in establishing priorities for services and addressing other issues.

The State Family Support Council has discussed the issue of selection in some depth and has tried to understand the intent of the Family Support Act. At all times, it is important to maximize the use of limited funds available to the program. The council has reached consensus that the following are priorities and issues that need to be considered as decisions about selection are made.

Source of Disability

A primary focus of the Family Support Program is to provide services to families whose family member:

- ◆ was born with a severe or developmental disability, or acquired it in childhood;
- ◆ has been severely disabled by injury or trauma, e.g. brain injury, spinal cord injury, loss of limbs;
- ◆ has neurological and /or neuromuscular disorders, e.g. ALS, MD, MS.

Other Considerations

- ◆ The availability of other supportive services from existing programs or agencies. The State Council supports the concept that if an individual is eligible to receive Family Support and is receiving services under any Waiver, that individual will be placed at the bottom of the Family Support waiting list. This limitation includes Waiver services from all state departments. Individuals receiving Medicaid only (health care benefits) from TennCare are not subject to this limitation.
- ◆ The impact of the disability on the activities of every day life for the whole family.

Family Support Agencies

Administering agencies will establish their own procedures for enrollment and selection. Each agency will have primary responsibility for eligibility determination, intake, and decisions about enrollment and selection in their catchment area. Those decisions will be based on a variety of factors including the priorities established by the Local and District Councils.

Some factors may include, but are not limited to

- ◆ family needs, including services currently available and in use, informal support systems available to the family, and the condition of family members, (Note: The State Council supports the concept that if an individual is eligible to receive Family Support and is receiving services under any Waiver, that individual will be placed at the bottom of the Family Support waiting list. This limitation includes Waiver services from all state departments. Individuals receiving Medicaid only (health care benefits) from TennCare are not subject to this limitation.)
- ◆ the immediacy of need, e.g. crisis or emergency,
- ◆ severity of the family problems,
- ◆ time awaiting services

Eligible but Unserved Applicants

A list of eligible but unserved applicants shall be maintained by the agency. A family must first be determined to be eligible for the program. After that determination, if the family is not enrolled, the family is placed on the eligible but unserved list. Data from the list shall be shared with the DIDD, the DIDD Regional Office, and Family Support Councils. The data will be used for determining future district/local and statewide program needs.

Agencies should keep information that identifies the family (name) and the date services were requested.

Families on the list should be contacted for an update at least annually, if they remain on the list that long, to determine their needs and interest in remaining on the eligible but unserved list.

NOTES

It is important to note the distinction between eligibility and selection and enrollment. Many families who apply to the Family Support Program may be approved as eligible for services based on the definition of family, severe or developmental disability, and living circumstance. However, depending on Family Support resources and priorities, a fewer number of families may actually be selected to receive services and enrolled in the program.

There are many issues to be addressed in the selection and enrollment process that go well beyond the choice of participant families. There are many complex situations that may arise. For example, a family may receive services, drop out of the program for a year or more, and then ask to have services reinstated. A local agency must then decide if this is a new applicant family, an existing participant family, or if the family should be treated in some other way.

Administering agencies will be confronted with the need to make complicated decisions that will affect families and communities. The Local and District Family Support Councils will provide oversight of the agencies.

Family members who are paid to provide respite or personal assistance services shall not be the spouse and shall not be the parent or guardian of an adult or minor child, nor shall they be another family member living in the same residence as the person requiring these services. Exceptions to this restrictive provision may be made at the discretion of the Local Council.

If a family encounters a problem with the selection and enrollment process, there is a grievance procedure available. It is outlined in Section 9.

SECTION 3

PLAN FOR SERVICES

PRINCIPLES

The Family Support Program is designed to be simple, easy to access, with a minimum of paperwork. The Family Support Act requires a written plan for each family/individual served, based on the needs and preferences of the family/individual. The plan shall be developed by the Family Support coordinator and the family, with the family taking the lead in identifying and prioritizing family needs. The plan should maintain or increase the control of families in determining the kinds of goods and services provided to them and in choosing the providers of these supports.

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The Plan for Services

A plan requires seven elements:

1. The name of the family member with a severe or developmental disability and the primary responsible family member (if different than the individual).
2. The date the plan was approved by the Local Council.
3. A statement of the needs and preferences of the family.
4. A list of specific services to be provided with details about responsibility, frequency and duration, costs, and payment methods for each.
5. A statement of the maximum financial commitment made by the agency.
6. A statement of agreement with the plan.
7. Signatures of family members and agency representatives involved in plan development.

The written plan must be reviewed at least annually and revised as necessary.

Services

The Family Support Program may provide funds to families to purchase goods and services included in the plan. Any good or service which is supportive of a family may be included as a part of the plan. Such Family Support services may include, BUT ARE NOT LIMITED TO:

- ◆ Respite Care
- ◆ Personal Assistance
- ◆ Child Care
- ◆ Homemaker
- ◆ Minor Home Modifications and Vehicular Modifications
- ◆ Specialized Equipment and Maintenance and Repair
- ◆ Specialized Nutrition and Clothing and Supplies
- ◆ Transportation Services
- ◆ Health-Related Costs not otherwise covered
- ◆ Licensed Nursing and Nurses Aid Services and
- ◆ Family Counseling, Training, and Support Groups
- ◆ Medical Travel

In Home Services

There are two forms to document in home services – Advanced Payment for In Home Services and an Invoice for In Home Services (Appendix C). The agency needs to be sure that the Service Plan and the In Home Service Form correlate. In most cases, the family will be reimbursed for services provided and will complete the Invoice for In Home Services. If a family is unable to receive in home services due to their financial situation, the agency can advance money to the family utilizing the Advanced Payment Form. The agency needs to ensure that the family submits a receipt when the service has been provided. Until the receipt for the advanced payment has been submitted, the agency cannot assist this family for further services.

Limits on Benefits

The DIDD, with the participation of the State Family Support Council, is responsible for establishing monetary limits on the benefits available from the Family Support Program. The limit applies to the maximum number of state Family Support dollars that may be available to a family. The current limit on benefits is \$4,000.00 per individual with a severe or developmental disability in a family.

NOTES

A form for a written plan is appended to this document. It includes all seven elements on a single page.

A written plan may be developed for as long as a year. The plan is drafted by the family and Family Support coordinator, and represents a commitment for the goods and services listed. However, it should be noted that state funds cannot be committed beyond the end of a fiscal year. A plan may be reviewed and revised as often as family needs indicate. When a plan has been approved for a family to receive Family Support funding for a fiscal year the money will follow the family if they move from one county (agency) to another county (agency) in the state. The old agency will pay the family the money to continue receiving Family Support for the fiscal year that the Service Plan has been approved.

The planning process should be family driven, but will generally be a negotiation process as the family and Family Support coordinator work to provide needed and preferred supports. Not every family will receive support services up to the maximum benefit. The level of services will be based on the differing needs of the family and the funding and resources available in the community.

Services to families may be either short or long term. In some cases a service will have a distinct beginning and end, such as an equipment purchase, emergency respite, or funding for a parenting class. In other cases the support may be ongoing, such as the provision of specialized supplies, or ongoing childcare. When working with families, agencies must plan carefully in the development of the program and services to balance program resources and family needs in ways which will allow the agency to have resources available for family emergencies and other contingencies.

The agencies are encouraged to ask the families/individuals to circle the items on submitted receipts related to the family member with the disability. If it is an unusual item/service, assure that the Service Plan gives a statement about an approval.

SECTION 4

SERVICE COORDINATION

PRINCIPLES

Service coordination is a central element to the Family Support Program. It is the process of providing assistance to families in obtaining access to services, programs, benefits, and information. Service coordination is a supportive rather than a directive function.

GUIDELINES

Service coordination is the process through which coordinators and families together ensure that services are obtained to best meet family preferences. These families receive information and referral services, coordination services, or other types of services that do not require direct service dollars.

Family Support coordinators assist families in considering and selecting needed supports and services, and in exercising control over their services. They help to secure access to integrated generic services in the community whenever possible.

Family Support coordinators are professionals with knowledge of disabilities and community resources and who have the ability to relate to families with diverse ethnic, economic, and cultural backgrounds and circumstances.

Family Support coordinators must have organizational skills to manage the tracking of services, and necessary documentation for the program.

The role of the Family Support coordinator is to:

- a. establish an open and sensitive relationship with the families;
- b. provide advice and support to the families as needed and requested, including being available to listen to problems and concerns as well as successes and gains;
- c. trouble shoot problems in the system;
- d. coordinate with local agencies and resources;
- e. complete all necessary paperwork.

NOTES

Service coordination should be carried out in a manner that is supportive and empowering for families. Families should be able to direct the scope and focus of service coordination, receiving the level of support they prefer.

SECTION 5

FAMILY SUPPORT COUNCILS

PRINCIPLES

Families are the greatest resource available to each other and to individuals who have a severe or developmental disability. The Family Support Program is rooted in the philosophy that Family Support services must be family driven and family controlled. This means that staff treat people with a severe or developmental disability and their families with dignity by respecting their individual choices and preferences, that services are flexible, keyed to those preferences, and that families have a lead role in all stages of the program, policy making, planning, implementation, evaluation, and program revision.

Family Support agencies should actively support families in their participation with Family Support Councils.

At the state level, a Family Support Council, a majority of whose members are individuals with disabilities or family members participates with the DIDD in the development of program policies and procedures, and implementation of Family Support. The program also includes District and Local Family Support Councils which advise Family Support agencies, provide oversight, and make recommendations to the State Council on funding needs and priorities for services.

GUIDELINES

State Council

Operating and Procedures Subcommittee Recommendations

- 1) Terms of Service
- 2) Meeting Attendance
- 3) Expenses
- 4) Standing Committees

I. Terms of Service

- A. Three year terms for State Council members, limited to two consecutive terms.
- B. The nomination committee will announce its slate for membership at the September meeting. The slate for District Council membership will be presented at the July meeting.
- C. The State Council will ask the following agencies to recommend a representative for appointment to the Council by the Commissioner:
 - Council on Developmental Disabilities
 - Tennessee Disability Coalition
 - Tennessee Network of Community Organizations (TNCO)
 - Centers for Independent Living (every two year term, representatives will be rotated among the federally funded centers)
 - Department of Mental Health and Developmental Disabilities 1
 - Department of Mental Health and Developmental Disabilities 2

- D. Officers, election, and terms
 - 1. Officers: a) Chair b) Vice-Chair
 - 2. Officers may not be a state employee, an employee of a Family Support agency, or employees of contracted agencies
 - 3. Officers will not be nominated from the appointed members listed above in "C"
 - 4. Officer term limits will be one year term only due to the three year term limits. However, if an officer remains on the Council, or is reappointed, he/she may be nominated for a second one year term as an officer.
 - 5. District Council Representatives:
 - a. Must be consumers (i.e., an individual with a severe or developmental disability or member of a family containing a member with a severe or developmental disability).
 - b. District Council representative may serve two consecutive three-year terms on State Council. If over the two-term limit, must send another District Council representative.

II. Meetings

- A. When an appointed Council member from one of the six agencies cannot attend a scheduled meeting, the agency representative may send another representative from that agency to the Council meeting.
- B. When a District Council member cannot attend a scheduled meeting, the District Council may designate a representative to attend that meeting; however, the designee should be a consumer.
- C. If a council member sends a proxy or designee to a scheduled meeting, it is considered as attendance in the meeting.
- D. To assure appropriate consumer/agency representation on District Councils, there will be a yearly review of nominations and membership by the State Council.
- E. Frequency of Meetings:
 - 1. Five meetings will be projected each council year (July 1st to June 30th) with a minimum of four meetings fulfilled.
 - 2. To aid in the timely receipt of data to the State Council, State Council meetings will be held during the months listed below.
 - August (orientation for new members)
 - November
 - February
 - May
- F. Quorum

The State Council consists of fifteen voting members, six are appointed agency and nine are district representatives. Eight voting members must be in attendance to account for more than one-half of the Council membership, or a majority. Therefore, eight members are required to fulfill this policy at a quorum call. The eight members must be present whether or not the Council membership possesses the stated fifteen members at that particular point in time. If a council member cannot attend a scheduled quarterly meeting they are required to inform state staff to insure a quorum at each meeting.
- G. The State Council may request that appointed council members be replaced if they miss three consecutive meetings or 50% of the meetings held in a fiscal year.

III. Expenses of District Council members and non-State agency representatives for attendance at State Council meetings.

- A. The Department will reimburse for Personal Assistants (P.A.) or Respite care (in member's local area) for District Council members and non-State agency members who need such service in order to attend State Council meetings.
- B. The State Council will budget monies for one night's optional lodging for each District Council member and non-State agency members attending the council meeting who requires lodging. This lodging option is available only to council members living in excess of 150 miles from Nashville (food and mileage expenses will be reimbursed according to State rules).
- C. \$3,500 in Family Support funds will be budgeted to cover the cost of personal assistance and respite for council members.

IV. Standing Committees

- A. Executive Committee
 - 1. The State Council Executive Committee will consist of the Chair, Vice-Chair, and two other council members who will be voted on by the Council at the August meeting.
 - 2. The role of this committee is to continue council business with the Department between meetings. In addition, the Executive Committee may meet before council meetings in order to make recommendations to the council.
 - 3. The Executive Committee will appoint the nominating committee at the May meeting.
 - 4. The Executive Committee will provide orientation to all incoming State Council members.
- B. Nominating Committee
 - 1. The State Council Nominating Committee will annually review the District Council nominations.
 - 2. The Nominating Committee is responsible for State Council Officer nominations.
 - 3. This committee will review the status of the State Council appointments.
- C. Policies & Procedures/Program Evaluation

This committee will be accountable for:

 - 1. Recommending council policies
 - 2. Program guidelines and operating procedures
 - 3. Development and implementation of State level program evaluation.
- D. Public Awareness/Training
 - 1. Responsible for training activities and materials for agencies, staff, and councils.
 - 2. Accountable for oversight of agency outreach efforts. Check data.
 - 3. Offers assistance to agencies in developing outreach strategies and materials.

V. Duties of the State Council:

- A. The State Council shall adopt policies and procedures regarding:
 - (1) Development of appropriations requested for Family Support;
 - (2) Program specifications:
 - (A) Criteria for program services;
 - (B) Methodology for allocating resources to families within the funds available;
 - (C) Eligibility determination and admissions; and
 - (D) Limits on benefits;
 - (3) Coordination of the Family Support Program and the use of its funds equitably throughout the state, with other publicly funded programs, including Medicaid;
 - (4) Resolution of grievances filed by families pertaining to actions of the Family Support Program, and an appeals process;
 - (5) Quality assurance; and
 - (6) Annual evaluation of services, including consumer satisfaction.

Local Council

Each contract agency shall initiate or assist in establishing and maintaining a Local Family Support Council.

A. Composition of the Local Family Support Council:

1. The Local Council shall be composed of persons familiar with Family Support services who reside within the service area. (The agency coordinator shall provide orientation to all incoming Local Council members)
2. A majority of the Local Council shall be consumers (i.e., an individual with a severe or developmental disability or member of a family containing a member with a severe or developmental disability).
3. The Local Council shall contain at least five members (agency personnel paid through the Family Support Program cannot be counted as one of these five members; agency personnel provide staff support only). If a Local Council has more than one member of a household or family attending meetings, the Local Council is to designate one person to be the official voting member.
4. A quorum for meetings must account for more than one half of the council membership or a majority.

B. Duties of the Local Family Support Council:

1. The Local Council shall elect a Chair and a Vice Chair to preside over the meetings. The agency will keep the Chair and Vice Chair apprised of program activities between the meetings.
2. The Local Council shall meet a minimum of once a quarter (Two out of four meetings can be conducted by conference call or electronically. Members that do not have electronic access will be contacted by the Council Chair).
3. The Local Council shall serve as the first step in the resolution of grievances or appeals.
4. The Local Council shall provide oversight of the operation of Family Support services within the area that the agency contracts for, including:
 - a) serving as the primary decision making group which selects the families to be funded by the Family Support Program and determines the amount of funds from the program which is provided to the family,
 - b) establishing priorities for service recipients and if there are any changes of funding levels for the next fiscal year they will notify families within 30 days after the 2nd quarter meeting,
 - c) offering advice and counsel to the agency regarding complicated decisions that will affect families and communities,
 - d) reviewing agency quarterly reports, and
 - e) reviewing the operation and effectiveness of service delivery and recommend any necessary changes in the services
5. The Local Council assists the agency in writing responses to the DIDD regarding the feedback received from the Family Support Review.
6. The Local Council will have a copy of the agency application.
7. The Local Council shall periodically review expenditure or disbursement of Family Support funds in the service area.
8. The Local Council must submit all changes and recommendations such as funding and priorities to the District Council for approval prior to implementing. If there is a combined Local and District Council they must submit all changes to the State Council for approval prior to implementation.

9. The Local Council shall promote Family Support in the community and work to build consensus and capacity in the community.
10. The Local Council shall have a representative on the District Council.
11. The Local Council shall fulfill other duties, as needed.
12. The Local Council shall designate an individual to take notes of each meeting. The Local Council will submit an approved summary to the agency for filing. The agency will send a copy of this summary to the DIDD Regional Office.

The above position of the Local Councils indicated throughout the guidelines shall be interpreted as this procedure indicates.

District Council

There shall be a District Family Support Council within each of the nine developmental districts of the state. The DIDD Regional Office will provide staff support to the councils.

A. Composition of the District Family Support Council:

1. The District Council shall be composed of persons familiar with Family Support services who reside within the district. (The DIDD Regional Coordinator shall provide orientation to all incoming District Council members.)
2. One member from each Local Family Support Council shall be selected by the members of that council to serve on the District Council. Additional members shall be nominated by Family Support agencies and/or the DIDD Regional Office and approved by the State Family Support Council. The District Councils should have at least five members.
3. A majority of the members on the District Council shall be consumers (i.e., an individual with a severe or developmental disability or member of a family containing a member with a severe or developmental disability). If a District Council has more than one member of a household or family attending meetings, the District Council is to designate one person to be the official voting member.
4. A quorum for meetings must account for more than one half of the council membership or a majority.

B. Duties of the District Family Support Council:

1. The District Council shall elect a Chair and a Vice Chair to preside over the meetings. The Regional Family Support Coordinator will keep the Chair and Vice Chair apprised of program activities between the meetings.
2. The District Council shall meet a minimum of once a quarter (Two out of four meetings can be conducted by conference call or electronically. Members that do not have electronic access will be contacted by the Council Chair).
3. The District Council assists as the second step in the resolution of grievances or appeals.
4. The District Council shall provide oversight of the operation of Family Support services within the district, including:
 - a) overseeing priorities for selection of service recipients,
 - b) reviewing quarterly reports from contract agencies and public providers,
 - c) reviewing the operation and effectiveness of service delivery and recommend any necessary changes in the services, and
 - d) reviewing the performance of service providers and recommend continuation or changes where necessary.

5. The District Council shall review the expenditure of Family Support funds and make recommendations to the State Council on funding needs and priorities within the district.
6. The District Council shall approve changes and recommendations such as funding and priorities for agencies in the District.
7. The District Council shall organize grassroots efforts in supporting Family Support services within the district.
8. The District Council shall be represented on the State Family Support Council. In the case that the State Council nominee is unable to attend the quarterly State Family Support Council meetings another District Council member can be chosen to represent the District Council.
9. In the event that there is only one Family Support agency in a district of the state, there may be a District Council appointed to fulfill the functions of both Local and District Councils.
10. The District Council shall nominate a secretary to take notes of each District Council meeting and distribute the meeting summary to the District Council members and the DIDD and the DIDD Regional Office.

SECTION 6

ROLE OF REGIONAL OFFICES

GUIDELINES

The DIDD Regional Office shall assign staff to work with the Family Support Program. The Regional Office will be responsible for:

1. Technical Assistance for Community Providers
 - a. Help identify, recruit, and train Local Council members.
 - b. Periodically attend Local Council meetings.
 - c. Schedule, plan, and facilitate quarterly regional meetings with Family Support agency coordinators.
 - d. Problem solve with families and agencies when a problem is identified in the Family Satisfaction Surveys.
 - e. Coordinate the grievance/appeals process at each Council level and compile meeting summaries of the findings.
2. Staff Support to the District Councils
 - a. Identify, recruit, and train new District Council members.
 - b. Attend all District Council meetings.
 - c. Collaborate with the District Council Chair(s) to schedule quarterly meetings, prepare agendas, send meeting notices, secure and distribute meeting summaries and other paperwork to the District Council and DIDD.
3. Grant Application and Agency Review
 - g. Schedule District Council meetings with the Chair to review Grant Applications every three years and more often if needed.
 - g. Review all Grant Applications and check for accuracy and comprehensiveness.
 - g. Facilitate the Grant Application selection process with the District Councils. Assure that any requests for application changes are returned and that the amendment is shared with the District Councils.
 - g. Summarize and submit the District Councils Grant Application recommendations to the State Council.
 - g. Schedule the Agency Review during years 2 and 3 of the three year agency contract and recruit District Council volunteers for each Agency Review.
 - g. Participate in and facilitate the Agency Review process.
 - g. Assure that agencies submit responses to the Agency Review Team's recommendations within thirty days, and share these responses with the District Councils at their next scheduled meeting for approval/disapproval.
 - h. Assure that the agencies receive documentation from the District Council for approval/disapproval of their response within thirty days of the District Council meeting.

4. Traditional Duties
 - a. Assure that the Local Councils are meeting quarterly, and distribute Local Council meeting summaries to the appropriate District Council and DIDD.
 - b. Review all Local Council meeting summaries to assure compliance with Local Council priorities and Family Support Guidelines.
 - c. Attend quarterly State Council meetings and provide an overview of the regional activities.
 - d. Review agency quarterly reports and make recommendations to agencies and councils.
5. Non-Traditional Duties
 - a. Oversee areas where no local provider exists, explore establishment of a local base of support for individuals and families, and help to solicit community providers for Family Support services.
 - b. Provide Family Support services in areas where no local provider exists. Financial obligations will be through a contracted state agency.
 - c. Upon termination of a Family Support agency the Regional Office Family Support coordinator will oversee the transfer of files to the new agency.

SECTION 7

CONTRACTING

PRINCIPLES

Because of the nature and philosophy of Family Support, services should be community-based and locally operated. Family and community involvement and empowerment are critical components of Family Support. Because Family Support uses a combination of formal programs and services, and the informal networks of friends, neighbors, extended family and others, it is important to have local stakeholders involved. Community based and operated services build capacity, commitment, and accountability. Developing contracts with local administering agencies brings Family Support to localities.

GUIDELINES

Establishment of Grants/Contracts

The DIDD, as the lead agency for Family Support services, shall assist in developing community based Family Support services by:

- a. operating a program of grants to local agencies and providers, both public and private non-profit, and to consumer groups to establish or develop Family Support services;
- b. actively encouraging providers, both public and private, including consumer groups, to establish services where services are not readily available; and
- c. providing Family Support services directly only when other public and private providers are not available or willing to provide services.

Grant and Contract Procedures

The DIDD will contract annually with the community based provider for the provision of Family Support services. Contract and payment procedures are as follows:

- a. DIDD and the DIDD Regional Office and the State Family Support Council will request applications from community based providers for the provision of Family Support services within a designated area as needed, and statewide every three years.
- b. Applications submitted by providers will be reviewed by Districts Councils (if there is a combined Local/District Council the review of applications will be conducted by one member of the Local/District Council and two District Council members from outside the district) and recommendations for funding will be made to the State Council and the DIDD. Applications will be approved for a minimum of one year and may be renewed.
- c. Funds for Family Support services are allocated on an equitable basis, ordinarily by the general population within a county. A minimum allocation per county is established.
- d. Funds are allocated on a per county basis. Expenditures in a county should approximate that county's allocation. No transfers of funds shall occur prior to the 3rd quarter without State Council approval. Transfers of 25% or more from the original allocation must receive approval from the District Council or from the State Council if this is a combined Local and District Council.
- e. All funds allocated for Family Support services must be spent on Family Support services. Excess funds from the 85% budget for direct expenditures cannot be used for other purposes. Any funds remaining at the end of a fiscal year may not be carried over, and will be recouped by the DIDD.

- f. The grantee must comply with Title VI – the Civil Right Act that requires its activities to be conducted without regard to race, color, or national origin. Individuals that receive funding from the Family Support Program must be informed that discrimination is prohibited and sign a form each year that they received notification of this requirement (see Grant Contract and DIDD Provider Manual). The original form and signatures must be in the individual's file. Also, the grantee will submit data to DIDD each July 31st, which will document the number of persons in the program and their race and gender (see FSG, Appendix I).

Roles and Responsibilities of Contract Agencies

All grantees/contract agencies for the provision of Family Support services will assure that their programs will:

- a. implement the program within the entire designated service area;
- b. designate one person to serve as the primary contact for the overall implementation and coordination of the program;
- c. establish and maintain a Local Family Support Council and follow the Local Council guidelines in Section 5 of the Family Support Guidelines;
- d. involve the Local Council in any grant application changes and submit these changes to the District Council for approval;
- e. in cooperation with the family;
 1. identify eligible families and with them determine their needs and preferences for services;
 2. identify and coordinate all available resources, both formal and informal, public and private, to meet the identified needs and preferences of families;
 3. develop a written plan for the delivery and payment for services; and
 4. periodically reevaluate the family's needs, priorities, preferences, and concerns at least once a year;
- f. ensure that agency personnel involved in Family Support services utilize DIDD Relias on-line course training and are adequately trained to carry out their assigned functions;

	60 Days DOH	Annual	Who
Individual Rights	☒		Coordinators
Americans with Disabilities Act	☒		Coordinators
Protection from Harm and Incident Reporting	☒		Coordinators
HIPAA		☒	Coordinators
Universal Precaution		☒	Coordinators
Title VI		☒	Coordinators/other staff paid from the FSP grant

- g. disseminate information so that eligible families will know of the availability of services;
- h. comply with all applicable DIDD fiscal policies and procedures;
- i. attempt to obtain competitive bids for goods, materials, and supplies for anything over \$2,000;
- j. keep program/client information available for the previous three years and the current year of a contract;
- k. submit quarterly reports and other informational data to the State Family Support Council and the DIDD and DIDD Regional Office. The schedule for agencies to submit quarterly data to the DIDD Regional Office is:

Fiscal Year		Agency Report Due
Quarter 1	July 1 – September 30	October 31
Quarter 2	October 1 – December 31	January 31
Quarter 3	January 1 – March 31	April 30
Quarter 4	April 1 – June 30	July 31

- l. utilize the forms in the guidelines, if an agency wants to gather more information they can attach a supplement to the existing forms.

SECTION 8 BILLING AND PAYMENTS

PRINCIPLES

Because Family Support services are flexible and individualized, billing and payment procedures should embody and support the same concepts. Contract agencies should utilize payment methods that enable families to make decisions about the nature of the support they want and how they will use it. Agencies should facilitate the flow of dollars to families and for families without placing an undue burden on families. In the same way, the flow of dollars from the state to contract agencies should not place an undue burden on the state or agencies.

GUIDELINES

Payments for Family Support Services by Contracted Agencies

Each contracted agency will need to establish an accounting system for services provided by Family Support funds. Each agency will develop their own procedures specifying the circumstances as to when families need to attach receipts or documentation of obtaining bids and specifying the nature or type of those receipts and documentation. In establishing these procedures, the agency will need to consider their organization's internal control accounting requirements, documentation requirements, cost benefit associated with requiring receipts of families and review of the receipts and the burden the documentation places on families.

Distribution of funding to families for services may take a variety of forms depending on the needs and desires of the family. A voucher method or any method which ensures an auditable record of all services and goods purchased with Family Support funds may be used. The contract agency may pay the vendor directly, may reimburse the family for completed services, or may provide the family with an advance for approved services. If the family chooses to make direct payments for goods and services and is reimbursed by the contract agency, the agency should ensure that it maintains appropriate documentation, including receipts.

The following guidelines should be adhered to in expending Family Support funds:

- a. A support services plan must be completed prior to payment.
- b. All payments to families and on behalf of families must be for Family Support services as approved in the plan.
- c. Equipment purchased for families becomes the property of the family.

Payments by DIDD to Contracted Agencies

The DIDD will annually contract with community providers to purchase Family Support services. Contract and payment procedures for the Family Support Program are:

- a. The amount of funds in the contract with providers is to be considered and managed as restricted funds. Family Support services funds can only be used for Family Support services and cannot be transferred to other agency programs.
- b. Of the funds in a contract, a maximum of fifteen percent (15%) can be used for personnel or other administrative services. At least eighty five percent (85%) must be used for goods and services for eligible families.

- c. Funding for Family Support will be treated as a pass through program. Therefore, allocation of indirect costs will not be required.
- d. Grant funds will be reimbursed to the provider agency on the actual expenses incurred monthly.
- e. Agencies will submit a monthly invoice on amount spent and quarterly reports on expenditures to the DIDD Regional Office in accordance with the Department's Operations Manual.
- f. At the end of the third quarter, agencies will report any funds that will not be expended by June 30. These funds can then be transferred to other agencies within the district in need of additional Family Support funds.
- g. The agency, along with the advice and consent of the Local Council(s) may establish a time frame for submission of receipts at the end of a fiscal year.

NOTES

As stated, several methods may be considered by the agency for the distribution of Family Support funds, depending on the needs and desires of the families. The possibilities range from the agency taking complete responsibility for payment of services or goods to giving complete control to the family, or some combination of these. For example, a family may wish to have a flat grant to pay out of pocket expenses for baby-sitting, special clothing, and other items, at the same time preferring the agency purchase large items such as a ramp or a piece of special equipment. To the extent possible, each family should be allowed to make decisions concerning payment options. Staff working with the program should discuss the various payment options with each family and together determine the most desirable option.

See Appendix F - Policy Letters for documentation of policies pertaining to "Billing and Payment" that have been changed or added since the conception of the program.

SECTION 9

GRIEVANCE/APPEALS

PRINCIPLES

Families should have a non-threatening, easy to use mechanism available for settling disputes over program practices, or complaining about program operations, staff, or decisions. The grievance/appeals process should be easy to access and to understand. Families should be made aware of the process and how to use it. When addressing a complaint or grievance, every effort should be made to settle the issue as quickly as possible and as close to the source as possible. If resolution is not possible at the agency level, an appeals process should be available.

In keeping with the family focus and control principles of Family Support services, families should be a part of the team which makes the final decision in response to an appeal or complaint.

GUIDELINES

If attempts at resolution are unsuccessful at the agency level the following procedure shall be followed to resolve any complaint or grievance regarding Family Support services.

1. *Local Council Review* - The family should contact the DIDD Regional Office Family Support staff in writing or by phone. This notification should occur within thirty days of the aggrieved occurrence. The Regional Office will forward the source of complaint in writing to the Local Council for resolution. The Local Council shall meet with the agency and family separately to discuss the grievance and present evidence. It is the family's choice to attend the meeting in person, attend the meeting with an advocate, choose to send an advocate to the meeting on their behalf, or rely on written documentation of the complaint to be presented at the meeting. This meeting shall occur no later than thirty days following the receipt of the written grievance. Within ten days following the meeting the Local Council will compile a meeting summary and submit this to the DIDD Regional Office Family Support staff and will also notify the family of its decision in writing.
2. *District Council Review* - If the family is not satisfied with the Local Council decision the family should contact the DIDD Regional Office Family Support staff in writing or by phone within ten days following notification from the Local Council. The Regional Office will forward the complaint in writing to the District Council for resolution. The District Council shall meet with the agency and the family separately to discuss the grievance and present evidence. It is the family's choice to attend the meeting in person, attend the meeting with an advocate, choose to send an advocate to the meeting on their behalf, or rely on written documentation of the complaint to be presented at the meeting. This meeting shall occur no later than thirty days following the receipt of the written grievance. Within ten days following the meeting the District Council will compile a meeting summary and submit this to the DIDD Regional Office Family Support staff and will also notify the family of its decision in writing.
3. *State Council Review* - If the family is not satisfied with the District Council decision the family should contact the DIDD Regional Office Family Support staff in writing or by phone within ten days upon notification from the District Council. The Regional Office staff will forward the source of complaint in writing to the Chairperson of the Family Support State Council and to the State Coordinator of the Family Support Program. All parties involved will present the complaint or grievance before the Family Support State Council. It is the family's choice to attend the meeting in person, attend the meeting with an advocate, choose to send an advocate to the meetings on their behalf, or rely on written documentation of the complaint to be presented at the meeting. This meeting shall occur at the next scheduled meeting for the Family Support State Council. The Regional Office staff will help the family compile a written form of findings for the Family Support State Council meeting. The State Council will notify the family of its decision in writing within ten days following the meeting. The decision of the Family Support State Council is final.

DIDD Regional Office Family Support Staff

West

11437 Milton Wilson Road
Arlington, TN 38002
(901) 745-7348

Middle

275 Stewarts Ferry Pike
Nashville, Tenn. 37214
(615) 884-1921

East

5908 Lyons View Drive
Knoxville, Tenn. 37919
(865) 588-0508; ext. 169

SECTION 10

PROGRAM EVALUATION

PRINCIPLES

Program evaluation is critical to sustaining a responsive and effective Family Support Program. All aspects of the program should be evaluated periodically to determine its effectiveness in assisting families. Program evaluation can be used to assist both agencies and the DIDD and the DIDD Regional Office to refine and improve the program.

Consistent measures and procedures should be utilized by the evaluators in order to obtain data that are applicable on a state-wide basis. Issues such as effectiveness of outreach and public awareness to families throughout the catchment area, ease of family access to the program, timeliness of response to request and start-up of service, availability of services, responsiveness to family needs and preferences, and customer satisfaction should all be considered in the system of evaluation that is developed for this program.

GUIDELINES

Methods of Evaluation

1. Family Support Evaluation

A standard form is used statewide for Family Support Evaluation. The evaluation will gather sufficient information to allow for effective planning, refinement, and improvement of the program to meet the needs and desires of local families. The evaluation will be distributed annually.

To avoid confusion for the families each agency needs to submit a cover letter with their agency name and a contact person for the families to call if they have questions. Each Family Support agency will send the cover letter and mailing labels of all the families they serve in the Family Support Program to DIDD during the first week in February. DIDD will mail the evaluations to families in early March. The evaluations will be due each April and DIDD will compile the results and distribute the outcome to the appropriate agency and the State Council in May.

This evaluation should address the following:

- ♦ Family satisfaction and program responsiveness

SECTION 11

FAMILY SUPPORT REVIEW

PRINCIPLES

Because of the nature and philosophy of Family Support, services should be community-based and locally operated. Family and community involvement and empowerment are critical components of Family Support. Because Family Support uses a combination of formal programs and services, and the informal networks of friends, neighbors, extended family and others, it is important to have local stakeholders involved. Community based and operated services build capacity, commitment, and accountability. Developing contracts with local administering agencies brings Family Support to localities.

GUIDELINES

The purpose of a Family Support Review is to assure that each agency follows the requirements in the Family Support Guidelines and implement the activities written in its application. The State Council will oversee the Family Support Review.

The services provided by each agency that contracts with the DIDD to provide Family Support will be reviewed at least once during the agency's three year contract and more often if needed. The DIDD and the DIDD Regional Office will schedule dates and recruit volunteers from the State Council and District Councils to conduct a Family Support Review of agencies that contract for Family Support. When there is an agency that contracts for an entire district, there will be one State Council member from outside the district, one District Council member from the agency that oversees the entire district, and one District Council member from another district conducting the review.

Family Support Review Schedule

Agencies will be reviewed during years two or three of their contract. The DIDD will notify agencies of the date and the documents to be reviewed one - three months prior to the scheduled visit.

Review Procedures

The review will address requirements in the Family Support Guidelines and focus on the agency's application. The review procedures will include:

- ◆ an interview with the agency Family Support Coordinator
- ◆ interviews with one or more families receiving Family Support
- ◆ interviews with one or more Local Council members
- ◆ an examination of records

Exit Conference

Following the Family Support Review an exit conference will summarize the results of the review and may resolve issues identified during the process. The agency Director, the agency Family Support Coordinator, Local Council members, and any other interested individuals may participate in the exit conference.

Follow-Up

The review team will develop a written response following the completion of the review and forward a copy to the agency director within thirty days. The agency must respond to the plan in writing if the response identifies recommendations for improving the agency's services. The agency will be responsible for developing a plan of action that responds to the recommendations and returning its response to the DIDD and the DIDD Regional Office within thirty days (the Local Council will assist the agency in this process). The DIDD Regional Office will share the report and the agency plan with the District Council at their next scheduled quarterly meeting for approval or disapproval and the agency will receive a response from the District Council within thirty days.

The District Council will be responsible for overseeing that agencies follow the Family Support Guidelines and implement the activities proposed in their application to the DIDD. The District Council will assure that an agency plan is followed. If a plan is not followed, the District Council will report its findings to the State Family Support Council. The State Family Support State Council will review the conclusions and base their decision on the following if they feel the agency is out of compliance:

"The State Family Support Council thinks it is basic that the agency fulfill the Mission and Purpose stated in the application submitted. The agency will be held accountable to fulfill the application and adhere to the Family Support Guidelines. Accountability includes the State Family Support Council recommending to the Department of Intellectual and Developmental Disabilities the termination of the contract of agencies that are out of compliance."

APPENDIX A

GUIDE TO FAMILY SUPPORT LEGISLATION

Title 33

Part Definitions

Chapter 5; Part 2

33-5-201

As used in this part, unless the context otherwise requires:

- (1) "Council" means the State Family Support Council appointed under § 33-5-208;
- (2) "Family" means a unit that consists of either a person with a severe or developmental disability and the parent, relative, or other care giver who resides in the same household or a person with a severe or developmental disability who lives alone without such support;
- (3) "Family Support" means goods and services needed by families to care for their family members with a severe or developmental disability and to enjoy a quality of life comparable to other community members;
- (4) "Family Support Program" means a coordinated system of family support services administered by the department directly or through contracts;
- (5) "Severe disability" means a disability that is functionally similar to a developmental disability but occurred after the person was twenty-two (22) years old; and
- (6) "State Family Support Council" means the council established by the department to carry out the responsibilities specified in this part.

Title Definitions

Chapter 1; Part 1

33-1-101

As used in this part, unless the context otherwise requires:

- (9) "Department" means the Department of Intellectual and Developmental Disabilities when the statute at issue deals with intellectual and developmental disabilities.
- (11) "Developmental Disability" means a condition based on having either a severe chronic disability or intellectual disability.
- (24) (A) "Severe, chronic disability" in a person over five (5) years of age means a condition that:
 - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (ii) Is manifested before twenty-two (22) years of age;
 - (iii) Is likely to continue indefinitely;
 - (iv) Results in substantial functional limitations in three (3) or more of the following major life activities;
 - (a) Self-care;
 - (b) Receptive and expressive language;
 - (c) Learning;
 - (d) Mobility;
 - (e) Self-direction;
 - (f) Capacity for independent living;
 - (g) Economic self-sufficiency; and
 - (v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is likely to continue indefinitely and to need to be individually planned and coordinated.
- (B) "Severe, chronic disability" in a person up to five (5) years of age means a condition of substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disability as defined for persons over five (5) years of age if services and supports are not provided.

State Policy – Principles for Developing Programs

Chapter 5; Part 2

33-5-202

- (a) The policy of the state is that persons with severe or developmental disabilities and their families be afforded supports that emphasize community living and enable them to enjoy typical lifestyles.
- (b) Programs to support families shall be based on the following principles:
 - (1) Families and individuals with severe or developmental disabilities are best able to determine their own needs and should be empowered to make decisions concerning necessary, desirable, and appropriate services and supports;
 - (2) Families should receive the support necessary to care for their relatives at home;
 - (3) Family support is needed throughout the life span of the person who has a severe or developmental disability;
 - (4) Family Support services should be sensitive to the unique needs, strengths, and values of the person and the family, and should be responsive to the needs of the entire family;
 - (5) Family Support should build on existing social networks and natural sources of support in communities;
 - (6) Family Support services should be provided in a manner that develops comprehensive, responsive, and flexible support to families as their needs evolve over time;
 - (7) Family Support services should be provided equitably across the state and be coordinated across the numerous agencies likely to provide resources and services and supports to families; and
 - (8) Family, individual and community-based services and supports should be based on sharing ordinary places, developing meaningful relationships, learning things that are useful, and making choices as well as increasing the status and enhancing the reputation of persons served.

Primary Focus

Chapter 5; Part 2

33-5-203

The primary focus of the Family Support Program is supporting:

- (1) Families with children with severe or developmental disabilities, school age and younger;
- (2) Adults with a severe or developmental disabilities who choose to live with their families; and
- (3) Adults with a severe or developmental disabilities who are residing in the community in an unsupported setting (not a state or federally funded program).

Duties of Contacting Agency

Chapter 5; Part 2

33-5-204

The contracted agency shall be responsible for assisting each family for whom services and support will be provided in assessing each family's needs and shall prepare a written plan with the person and family. The needs and preferences of the family and individual will be the basis for determining what goods and services will be made available within the resources available.

Scope of Family Support Services

Chapter 5; Part 2

33-5-205

The Family Support services included in this program include, but are not limited to, family support services coordination, information, referral, advocacy, educational materials, emergency and outreach services, and other individual and family-centered assistance services, such as:

- (1) Respite care;
- (2) Personal assistance services;
- (3) Child care;
- (4) Homemaker services;
- (5) Minor home modifications and vehicular modifications;
- (6) Specialized equipment and maintenance and repair;
- (7) Specialized nutrition and clothing and supplies;
- (8) Transportation services;
- (9) Health-related costs not otherwise covered;
- (10) Licensed nursing and nurses aid services; and
- (11) Family counseling, training and support groups.

Coordination of Services

Chapter 5; Part 2

33-5-206

As a part of the Family Support Program, the contracted agency shall provide service coordination for each family that includes information, coordination, and other assistance as needed by the family.

Families of Adults with Disabilities – Services and Resources

Chapter 5; Part 2

33-5-207

The Family Support Program shall assist families of adults with a severe or developmental disabilities in planning and obtaining community living arrangements, employment services, and other resources needed to achieve, to the greatest extent possible, independence, productivity, and integration into the community.

State Family Support Council

Chapter 5; Part 2

33-5-208

The commissioner shall appoint a State Family Support Council comprised of fifteen (15) members, of whom at least a majority shall be persons with a severe or developmental disabilities or their parents or primary care givers. The council shall have one (1) representative from each development district of the state, one (1) representative of the Council on Developmental Disabilities, one (1) representative of the Tennessee Disability Coalition, one (1) representative of the Tennessee Community Agencies, and one (1) representative of a Center for Independent Living. The commissioner shall appoint two (2) at-large members for the department.

Department to Participate with Council – Policies and Procedures

Chapter 5; Part 2

33-5-209

The department shall participate with the State Family Support Council and shall adopt policies and procedures regarding:

- (1) Development of appropriations requested for Family Support;
- (2) Program specifications:
 - (A) Criteria for program services;
 - (B) Methodology for allocating resources to families within the funds available;
 - (C) Eligibility determination and admissions; and
 - (D) Limits on benefits;
- (3) Coordination of the Family Support Program and the use of its funds equitably throughout the state, with other publicly funded programs, including Medicaid;
- (4) Resolution of grievances filed by families pertaining to actions of the Family Support Program, and an appeals process;
- (5) Quality assurance; and
- (6) Annual evaluation of services, including consumer satisfaction.

Meetings – Duties – Expenses

Chapter 5; Part 2

33-5-210

The State Family Support Council shall meet at least quarterly. The council shall participate in the development of program policies and procedures, and perform other duties as are necessary for statewide implementation of the Family Support Program. All reimbursement for travel expenses shall be in conformity with the comprehensive state travel regulations as promulgated by the Commissioner of Finance and Administration and approved by the Attorney General and reporter.

Administration of Program – Funding

Chapter 5; Part 2

33-5-211

The department shall administer the Family Support services program and shall establish annual benefit levels per family served. Implementation of this part and the program and annual benefit levels, or any portion of the program or benefits levels, are contingent upon annual line item appropriation of sufficient funding for the programs and benefits.

APPENDIX B

INTAKE FORM AND ELIGIBILITY CHECKLIST

Family Support Services Intake Form

Date _____

Name of Family Member with a Severe or Developmental Disability _____

Social Security # _____ Date of Birth _____

Name of Primary Family Member(s) _____
(if different than above)

Family's Address _____ Phone _____

_____ Phone _____

County _____

Reason for Referral to Family Support Services (include information on the impact of disability on family)

Potential Support Services Needed/Requested:

Respite <input type="checkbox"/>	Vehicular Modifications <input type="checkbox"/>	Transportation <input type="checkbox"/>	Nursing/Aide <input type="checkbox"/>
B/A Care <input type="checkbox"/>	Sp Eq & Repair/Maint <input type="checkbox"/>	Homemaker <input type="checkbox"/>	Counseling <input type="checkbox"/>
Day Care <input type="checkbox"/>	Nutrition/Cloth/Supp <input type="checkbox"/>	Housing <input type="checkbox"/>	Summer Camp <input type="checkbox"/>
Home Mod <input type="checkbox"/>	Personal Asst <input type="checkbox"/>	Health Related <input type="checkbox"/>	Evaluation <input type="checkbox"/>
Training <input type="checkbox"/>			

Other _____

Is the Individual or Family Currently Receiving Other Services?

Medicaid <input type="checkbox"/>	Choices <input type="checkbox"/>	TEIS <input type="checkbox"/>	Voc Rehab <input type="checkbox"/>
Medicare <input type="checkbox"/>	SSI <input type="checkbox"/>	Food Stamps <input type="checkbox"/>	Private Insurance <input type="checkbox"/>
TennCare <input type="checkbox"/>	SSDI <input type="checkbox"/>		
Elderly & Disabled Waiver <input type="checkbox"/>		Dept. of Intellectual & Dev. Disabilities <input type="checkbox"/>	

Other _____

In order to prevent discrimination (Title VI) the following information is needed:

Caucasian ☐ African-American ☐ Hispanic ☐ Other ☐

Male ☐ Female ☐

If Someone Other than the Family/Individual is Making a Referral:

Name of individual making referral to Family Support _____

Agency _____ Phone _____

Address _____

Family Support Services Intake Form, page 2

Information about Person's Disability

The following information is requested for data purposes only and does not impact the provision of services in any way. A person does not have to be categorized into one of these disability groups to receive Family Support. Family Support coordinators should use their best judgment: documentation is not required

Primary Disability – Identify which of the following major disability categories is most relevant to the family member with a severe disability as a primary diagnosis:

- | | |
|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Neurological Impairment |
| <input type="checkbox"/> Deaf and/or Blind | <input type="checkbox"/> Orthopedic Impairment/Physical Disability |
| <input type="checkbox"/> Developmental Delay (0 – 8) | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Mental Illness/Emotional | |

Other Disability _____

Did the person's primary disability occur:

- ☐ Prior to age 22
- ☐ At age 22 or after

NOTES

Family Support Eligibility Checklist

Date _____ Proof of Residency on File (circle one) Yes No

Proof of Disability on File (circle one) Yes No
(Needs to be from a certifiable resource)

Person with Severe or Developmental Disability _____

Social Security # _____ Date of Birth _____

Family Member Interviewed for Eligibility Checklist _____

Agency Coordinator _____

Based on the Information Provided, is this Family Eligible for Family Support Services?

(Circle One)

Eligible

Not Eligible

Before a Service Plan is written all sections must be completed.

The definitions of "family" and "family member with a severe or developmental disability" are provided in the Family Support Guidelines. This checklist is designed to assist in identifying those families who are eligible for Family Support services. To be eligible for Family Support a family must meet Section 1 (yes), Section 2 (no), and EITHER Section 3 or Section 4. Eligibility does not automatically imply selection and enrollment. Selection is based on each county's funding, resources, and priorities.

SECTION 1 – Family - A family must have a member with a severe or developmental disability.

Does the individual with a severe or developmental disability reside in a home, either alone or with a parent, relative, or other caregiver (or will be when Family Support services are provided)?	YES	NO
---	-----	----

SECTION 2 - Residence

Does the individual reside in a state or federally funded setting where there is a paid caregiver? This includes settings such as group homes, state-funded foster homes, supported living, and institutions. It does not include subsidized housing such as Section 8, or situations in which a caregiver is privately paid.	YES	NO
---	-----	----

SECTION 3 – Presumptive Disability (if A, B, or C is yes the family is considered eligible for this section)

A. Is the individual with a severe or developmental disability currently eligible for and/or receiving SSI (assure SSI is for the disability and not aging purposes)?	YES	NO
B. Is the individual currently eligible for or receiving services from a DIDD funded program?	YES	NO
C. If the individual is a young child, is the child eligible for or receiving services from the TEIS? Or, is the young child receiving preschool special education services from a local education agency?	YES	NO

Family Support Eligibility Checklist, page 2

SECTION 4 – Functional Assessment (Section 4 must be completed)

- | | | |
|--|-----|----|
| A. Does the individual have substantial functional limitations in three or more areas of major life activity? (For children, please consider activities in relationship to other children of the same age.) | YES | NO |
|--|-----|----|

For each area marked yes, briefly describe the limitations.	YES	NO
--	-----	----

Self Care _____

Receptive & Expressive Language _____

Learning _____

Mobility _____

Self-Direction _____

Capacity for Independent Living _____

Economic Self-Sufficiency _____

- | | | |
|---|-----|----|
| B. Does the individual have a disability that is likely to continue indefinitely, and which will require lifelong services that are individually planned and coordinated? | YES | NO |
|---|-----|----|

If yes, please comment on the disability and why it may continue.

- | | | |
|---|-----|----|
| C. Is there an available record of the individual's disability? If yes, identify source and type of record (request applicable portions of the record). | YES | NO |
|---|-----|----|

Family Support Eligibility Checklist, page 3

SECTION 4 – Functional Assessment, con't

D. Is the individual receiving care, treatment, or other services based on the presence of a disability?

YES

NO

If yes, describe.

NOTES

Family Support Eligibility Checklist, page 4

Family situations and disability can change. It is recommended that the Family Support staff review the Eligibility Checklist at least annually with families that are approved for an additional year and document the contact below.

Family Contact: _____ Date: _____

Family Contact: _____ Date: _____

Family Contact: _____ Date: _____

Family Contact: _____ Date: _____

Family Contact: _____ Date: _____

Family Contact: _____ Date: _____

Family Contact: _____ Date: _____

Family Contact: _____ Date: _____

Family Contact: _____ Date: _____

Family Contact: _____ Date: _____

Family Contact: _____ Date: _____

APPENDIX C

SERVICE PLAN IN HOME SERVICES MEDICAL TRAVEL

Family Support
Service Plan

Date of Local Council Approval

**This plan is valid through June 30, 20__
unless amended or changed by signing parties.**

Name of the Individual with a Disability _____

SS# _____ DOB _____

Name of Primary Family Member(s) _____
(if different than the individual with a disability)

Family's Needs for Support _____

Family Support Services to be Provided

Short Term
☐

Extended
☐

1. Service _____

Frequency/Duration _____ Cost _____

Agency or Individual Responsible _____

Method for Payment of Services _____

☐

☐

2. Service _____

Frequency/Duration _____ Cost _____

Agency or Individual Responsible _____

Method for Payment of Services _____

☐

☐

3. Service _____

Frequency/Duration _____ Cost _____

Agency or Individual Responsible _____

Method for Payment of Services _____

Maximum Financial Commitment of the Family Support Agency _____

Agreement

The persons who have signed below have participated in the development of this plan
and indicate their agreement to the plan by their signatures.

Family Representative

Agency Representative

Date

A Grievance/Appeals process has been attached to your Service Plan form.
Please sign and date that you received a copy.

Family Representative

Agency Representative

Date

Services are subject to the availability of funds

**FAMILY SUPPORT PROGRAM
INVOICE FOR IN HOME SERVICES**
MONTH/YEAR _____

RECIPIENT'S NAME _____

COUNTY _____

SERVICE(S)
APPROVED
FOR
(check one)

Respite <i>Includes babysitting</i>	Personal Assistance	Nursing	Homemaker	Other: _____

AMOUNT REQUESTED

\$

MAKE CHECK PAYABLE TO:

NAME _____

ADDRESS _____

*If the check is written to the service provider the provider must give
their SS# and Phone #*

SOCIAL SECURITY NUMBER _____

PHONE NUMBER _____

The **Family/Guardian/Recipient** certifies by the signature given below that:
Services for the total amount shown for the month listed above have been provided.

Family/Guardian/Recipient

Date

The **Provider** certifies by the signature below that:
Services for the total amount shown for the month listed above have been provided.

Provider

Date

For Agency Use:

Circle One: Approved Denied

Agency Coordinator

Date

***All recipients of the Family Support Program sign an annual Service Plan with the agency.
The Service Plan documents the service and amount approved for the year.
This Invoice is to reimburse you for the service you are approved for.***

**FAMILY SUPPORT PROGRAM
REQUEST FOR ADVANCE PAYMENT FOR IN HOME SERVICES
MONTH/YEAR _____**

RECIPIENT'S NAME _____

COUNTY _____

SERVICE(S)
APPROVED
FOR
(check one)

Respite <i>Includes babysitting</i>	Personal Assistance	Nursing	Homemaker	Other: _____

AMOUNT REQUESTED

\$ _____

PAID TO:

NAME _____

ADDRESS _____

*If the check is written to the service provider the provider must give
their SS# and Phone #*

SOCIAL SECURITY NUMBER _____

PHONE NUMBER _____

The **Family/Guardian/Recipient** certifies by the signature given below that:
Approved services and the total amount shown for the month listed will be provided. It is the responsibility of the
Family/Guardian/Recipient to submit a receipt for provided services within 30 days of the completion of the service.

Family/Guardian/Recipient

Date

The **Provider** certifies by the signature below that:
Services and the total amount shown for the month listed above will be provided.

Provider

Date

For Agency Use:

Circle One: Approved Denied	Receipt Obtained
_____ Agency Coordinator Date	_____ Initials Date

***All recipients of the Family Support Program sign an annual Service Plan with the agency.
The Service Plan documents the service and amount approved for the year.
This Invoice is to advance payment to you for the approved service.
Additional funds will not be allocated until this completed form and a receipt is submitted.***

July 2008

Medical Travel Reimbursement Rate Schedule
Month/Year _____

Medical travel for the approved recipient will be reimbursed at the agency's per diem rate. These rates will fluctuate periodically due to economic factors in the state.

Mileage – The amount will be calculated by the agency staff utilizing point to point mileage.

Meals – Receipts are required.

Lodging – Receipts for the recipient are required.

Recipient's Name: _____

County: _____

Date	Place Left	Time Left AM/PM	Place Arrived	Time Arrived A/M/PM	Miles	Mileage Amount	Lodging	Breakfast	Lunch	Dinner	Total

***All recipients of the Family Support Program sign an annual Service Plan with the agency.
The Service Plan documents the service and amount approved for the year.
This Reimbursement Form is to reimburse you for the approved medical travel.***

APPENDIX D

QUARTERLY REPORTING FORM AND INSTRUCTIONS

FAMILY SUPPORT QUARTERLY REPORT

Agency Reporting _____

Services Rendered: Enter the number of individuals who received each service during the quarter and the number of new individuals who received each service year-to-date (one mark per individual per service for year-to-date).

Fiscal Year _____ Quarter _____

Enter the amount spent on each service type for the quarter, and amount spent year-to date for each service type.

Annual Budget _____

Budget for Direct Services
(>85% of annual budget) _____

\$ Spent during Quarter _____

\$ Spent Year-to-Date _____

\$ Committed in Plans
(for the year) _____

\$ Remaining
(not spent or committed for the year) _____

*This report reflects \$ spent from the DIDD contract.
List other revenue the agency has for the FSP:*

Type	Qtr. Amount	Y-to-D Amount

Services Provided	Number of Individuals		Amount Spent	
	Quarter	Yr-to-Date	Quarter	Yr-to-Date
Respite				
Before/After Care				
Day Care				
Home Modifications				
Vehicular Modifications				
Specialized Equipment & Repair/Maintenance				
Specialized Nutrition/Clothing/Supplies				
Personal Assistance				
Transportation				
Homemaker Services				
Housing Costs				
Health Related				
Nursing/Nurses Aide				
Family Counseling				
Recreation/Summer Camp				
Behavior Therapy				
Training				
Medical Travel				
Other:				
Other:				
TOTAL				

	Yes	No
Service Coordination Provided		

PERSONS SERVED: Enter the number of individuals served **year-to-date** by age category and disability. Document each individual one time by marking the primary disability.

COUNTY INFORMATION: Please provide **year-to-date** information about the number of individuals served, amount spent, and waiting list by county. Also, document age of onset of disability and how many have an intellectual disability.

DISABILITY	0-2	3-5	6-18	19-21	22-54	55+	TOTAL
Autism							0
Cerebral Palsy							0
Deaf and/or Blind							0
Developmental Delay (0-8)							0
Heath Impairment							0
Mental Illness/Emotional							0
Intellectual Disability (ID)							0
Neurological Impairments							0
Orthopedic/Physical Disability							0
Spinal Cord Injury							0
Traumatic Brain Injury							0
Other (optional: list disability(s))							0
TOTAL BY AGE (add columns)	0	0	0	0	0	0	0

	85%	# of	\$	# of
County	Allocation	Ind.	Spent	Ind. Eligible But Unserved
	\$0	0	\$0.00	0

Total

Information below is for **waiting list individuals**:

Did the disability for the above individual occur prior to age 22 or after?

AGE OF ONSET	TOTAL
Prior to age 22	
At age 22 or after	

Did the disability for the above waiting list individual occur prior to age 22 or after?

AGE OF ONSET	TOTAL
Prior to age 22	
At age 22 or after	

Does the above waiting list individual have an ID?

# w/ ID	
---------	--

Instructions for Completing the Quarterly Report for the Family Support Program

Page 1 – Left side (General Information)

Agency Reporting: Name of the agency.
Fiscal Year/Quarter: For clarity please list fiscal year and quarter, e.g., Fiscal year 08/09 Quarter 1.
Annual Budget: List the amount of your contract for family support services. This may change if the Department provides an increase mid-year.
Budget for Direct Svcs: List the amount of your contract that is budgeted for direct services to individuals. This must be at least 85% of the annual budget amount, though it may be more.
\$ Spent during Quarter: List the amount that your agency has spent on direct services to individuals during the quarter. Do not include amounts that were spent on administrative costs.
\$ Spent Yr-to-Date: The cumulative total for the fiscal year goes here.
\$ Committed in Plans: The amount that your agency has committed to spend in family support plans for the year is entered here.
\$ Remaining: List the amount of funds for direct services that are still available at the end of the quarter. This is the amount that is still available to write into family support plans for the year.
Other Revenue: List other revenue the agency or Local Council obtains for individuals outside of the DIDD contract.

Page 1 – Right Side (Service Category)

Services Rendered

REMINDER: This list is not intended to be exhaustive! It provides a mechanism for the collection of data in a manner that lends itself for some consistency. It is not meant to limit, in any way, the range of services provided to families through this program. The quarterly data form has spaces to add additional services provided.

Respite	Spec. Nutrition/Clothing/Supplies	Family Counseling
Before/After Care	Personal Assistance	Recreation/Summer Camp
Day Care	Transportation	Behavior Services
Home Modifications	Homemaker Services	Training
Vehicular Modifications	Housing Costs	Medical Travel
Specialized Equipment & Maintenance/Repair	Health Related	Other
	Nursing/Nurse's Aid	

General Definitions

The following definitions provide clarification on the scope of frequently used Family Support services.

Respite Respite is a service that provides a break from caregiving responsibilities. Respite may be short or long term and may take place at home or somewhere else. Respite may be a service that is planned in advance or may be also provided in emergency circumstances. The services that have sometimes been called sitter should be included in this category. Family members may be paid to provide respite but cannot be the spouse, the parent or guardian/conservator of a minor child or an adult, or another family member living in the same residence as the person receiving the respite. Exceptions to these provisions may be made at the discretion of the Local Council.

Before/After Care Before/after care is a form of day care provided to either children or adults. It is provided either before or after school or a day activity. Its typical purpose is to enable the caregiver to work.

Day Care	Day care is a service that typically provides out of home care for a child or adult on a regular ongoing basis. Generally, day care is provided to enable a caregiver to engage in a regularly scheduled activity such as employment. Day care services may or may not be provided in a licensed program.
Home Modifications	Home modifications include interior or exterior physical modifications to a person's place of residence that are needed to ensure the health, welfare, and safety of the person or to enable the person to function with greater independence. Examples include, but are not limited to: wheelchair ramps, widening of doorways, modifications of bathroom and kitchen facilities, and installation of specialized electrical or plumbing system to accommodate necessary medical equipment and supplies.
Vehicular Modifications	Vehicular modifications include interior or exterior physical modifications to a vehicle owned by a person with a disability or by the primary caregiver of a person with a disability and which is routinely available for transporting the person with a disability. Examples include, but are not limited to: lifts that allow access to the vehicle, interior modifications such as grab bars, head/leg rests, devices to secure wheelchairs in a stationary position, roof modifications, safety belts, steering control adaptations, changes to car pedals, and remote switches.
Specialized Equipment & Repair/Maintenance	Specialized equipment and repair/maintenance means assistive devices, adaptive aids, controls or appliances which enable a person to perform activities of daily living or to perceive, control or communicate with the environment. The service also includes accessories and supplies for the equipment as well as repairs or maintenance for the proper functioning of such items. Examples include, but are not limited to: communication devices, hearing devices, personal emergency response systems, specialized lifts, positioning equipment, wheelchairs, seating devices, assistive technology and software.
Specialized Nutrition/ Clothing/Supplies	<p>Specialized nutrition may include services performed by a Nutritionist/Dietician and food items such as ensure, boost, gluten free products, and other dietary products necessary for the health and well being of persons with disabilities.</p> <p>Specialized clothing may be necessary for individuals who, due to their disability, need larger or smaller clothes than generally available, need clothing with more reinforcement than generally available, need clothing with fasteners other than what is generally available, etc.</p> <p>Supplies are to benefit the person with a disability whose needs go beyond those of the general population for cleanliness, warmth, cooling, etc.</p>

Personal Assistance

Personal assistance provides in-home or community support to a person with a disability. Services may include, but are not limited to, assistance with activities of daily living (for example, bathing, dressing, personal hygiene, eating), related household activities or chores (for example, meal preparation, washing dishes, personal laundry, general housecleaning), and budget management. Personal assistance may also be provided in the community but is not intended to replace services covered by schools or other programs. Community-based services may include, but are not limited to, accompanying the enrollee on personal errands such as grocery shopping, picking up prescriptions, paying bills; trips to the post office, and medical appointments as well as assisting the person with interpersonal and social skills building in community settings. Family members may be paid to provide personal assistance but cannot be the spouse, the parent or guardian/conservator of an adult or minor child, or another family member living in the same residence as the person receiving the personal assistance. Exceptions to these provisions may be made at the discretion of the Local Council.

Transportation

Transportation includes the cost of directly transporting a person with a disability to day services, his or her job, non-medical appointments, or various related activities. Transportation may also include the cost of a bus ticket, taxis, or other types of transportation used to enable the person to participate in community activities. Transportation may include vehicle repairs or an emergency car insurance premium.

Homemaker

These services are provided to the whole family or household. Homemaker services include general household activities and chores such as sweeping, mopping, dusting, changing linens, making beds, washing dishes, doing personal laundry, ironing, mending, meal preparation, and assistance with maintenance of a safe environment. Family members may be paid to provide homemaker services but cannot be the spouse, the parent or guardian/conservator of a minor child or an adult, or another family member living in the same residence as the person receiving the homemaker services. Exceptions to these provisions may be made at the discretion of the Local Council.

Housing Costs

Housing Costs may cover the establishment of a home or emergency housing expenses that are necessary to prevent the loss of the home or to protect the health, safety or welfare of the person with a disability (for example, utilities, propane, or insurance premiums (seek public assistance first))- but should not cover ongoing expenses such as mortgage, rent, or utility expenses.

Health Related

Health related include services provided by a licensed health provider and may include, but are not limited to, medicine, dentist visits, dentures, medical bills, therapy, respiratory, vision, hearing. Health Related may also cover the cost of non-prescription items such as over the counter medications, first aid supplies and other items needed for the health or welfare of the person with a disability.

Nursing/Nurses Aid

Nursing includes services provided by registered nurses, licensed practical nurses, or nurse's aides that are ordered by the person's physician, physician assistant or nurse practitioner. These services may be provided in home and community settings, but may not be provided in inpatient hospitals.

Family Counseling

Counseling provided to the person or caregiver related to challenges in the life of the person with a disability.

**Recreation/
Summer Camp**

Recreation/summer camp may include, but is not limited to, the cost of attendance at camp for either a child or adult with disabilities, therapeutic activities, horse therapy, swimming, YMCA activities, and participation in other community recreational activities.

Behavior Services

Behavior Services includes the assessment or analysis of behavior that presents a health or safety risk to the person or others or that significantly interferes with home or community activities, assessment of the settings in which such behaviors occur and the events which precipitate the behaviors; the development, monitoring, and revision of crisis prevention and behavior intervention strategies; and training of the caregivers. Behavior Services must be provided by a credentialed professional.

Training

Training may include services provided directly to the person with a disability or to the person's caregiver and may include, but is not limited to, conference costs, lodging costs, educational activities, and consumer training.

Medical Travel

Medical travel includes the cost of mileage, meals, and/or lodging associated with transporting a person with a disability from rural areas to a distant medical appointment. A Medical Travel Reimbursement Rate Schedule in Appendix C of the Family Support Guidelines must be completed to invoice for this service.

Number in Quarter

Services provided/rendered in this section means: An eligible individual has a plan and a particular type of service was provided one or more times during the quarter. An individual may be counted more than once across service categories, but should not be counted more than once within a service category. The service can be counted even if final payment has not been made for the service during the quarter.

Number Year to Date

Services provided/rendered in this section means: An eligible individual has a plan and a particular type of service was provided during the year. An individual may be counted more than once across service categories, but should not be counted more than once per service for year-to-date (only new 1st time recipients are added for the year-to-date figures).

Example: The Smith's are part of the Family Support Program. They have a Family Support plan that includes 80 hours of respite care over the year, and a special food supplement each month. During the first quarter the Smith's received the food supplement stipend each month (three times). They did not use any respite care service. On the first quarter report the Smith's are marked as 1 in the specialized nutrition category of service. During the second quarter, they continued to receive the food supplement stipend each month. They also used respite care to get away for a weekend. On the second quarter report the Smith's are marked as 1 in the specialized nutrition category, and are also marked as 1 in the respite category. For the whole year the Smith's will only be counted once in the year-to-date column for specialized nutrition and respite.

Amount Spent in Quarter and Year to Date

The amount spent in each category of service should be listed. In the first column list the quarterly amounts. In the next column, add the amount spent each quarter, as listed on previous quarterly forms during the current fiscal year.

Page 2 - Left Side (Disability and Age)

Persons Served

This demographic information is only useful to make generalized statements about the breadth of persons being served. It is O.K. to estimate in this section. For example - if an individual turned 19 during the quarter being reported, it is O.K. to list that person as either 6-18 or 19-21. The disability labels have no specific value in terms of eligibility or service provision. No one in the program should be personally identified in data collection by disability label. It is more appropriate to choose a **primary** disability that appears to fit an individual to the best of the agency's knowledge, rather than to make an issue of labeling.

Persons served in this section means: The individual has been accepted into the program, has an active plan developed with the Family Support coordinator, and the money has been promised and spent. This information should be provided year-to-date.

At the bottom of the chart for persons served document if the disability occurred prior to the age of 22 or after.

Page 2 - Right Side (County and Waiting List)

County

List each county in your catchment area. For each county, list the amount of direct service allocation (county allocation without the 15% administrative cost).

List the number of individuals that have been served in each county (using the same definition as age and disability above), and the amount spent in each county **year-to-date**.

Waiting Lists

List the total number of individuals that are eligible but unserved year-to-date in each county. When an individual is approved for services they will be removed from the waiting list since they will be documented elsewhere in the report as active.

At the bottom of the chart for county information use the waiting list data to document if the disability occurred prior to the age of 22 or after and if the individual has an intellectual disability.

APPENDIX E

FAMILY SUPPORT AGENCY EVALUATION FORM

DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
TENNESSEE FAMILY SUPPORT PROGRAM
FAMILY SATISFACTION SURVEY – FY 20____

Please list your county for documentation purposes: _____

	Always	Usually	Sometimes	Seldom	Never	N/A
1. The Family Support Coordinator respects your individual choices and preferences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your Family Support Coordinator contacts you at least once a year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The coordinator was knowledgeable and helpful in arranging supports and services for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If you received reimbursement for a service, was it received in a timely manner (30 days or less)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were you given the choice of time and place to meet to discuss services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you receive help in identifying the services you need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If your needs change, can you change your mind about the services you receive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The Family Support Program makes your life easier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What would happen if this type of financial assistance were no longer available?
Please check all the boxes that apply:

- ☐ I could not pay for respite or personal assistance.
- ☐ I could not get medicine, food supplements, supplies or equipment.
- ☐ I could not attend workshops, classes. or school.
- ☐ I would not be able to work.
- ☐ My family member could not attend activities outside the home.
- ☐ I would not be able to spend quality time with myself or other family members.
- ☐ I could not stay in my own home.
- ☐ My family member would have to live somewhere else.
- ☐ Other:

10. How did you hear about the Family Support Program?
Please check only "one" box below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Doctor/Nurse |
| <input type="checkbox"/> Another Parent | <input type="checkbox"/> TEIS | <input type="checkbox"/> DIDD |
| <input type="checkbox"/> Family | <input type="checkbox"/> School | <input type="checkbox"/> Media |
| <input type="checkbox"/> Family Support Agency | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Social Service Agency | <input type="checkbox"/> Hospital/Rehab. | <input type="checkbox"/> SSI/SSA/TennCare |
| <input type="checkbox"/> Web Site | <input type="checkbox"/> Brochure | <input type="checkbox"/> Other: |

TENNESSEE FAMILY SUPPORT PROGRAM SURVEY – FY 20____, con't

11. Do you have additional needs not currently met by the Family Support Program or other programs? Yes ☐ No ☐

If yes, list them:

The Tennessee Legislators approve funding for the Tennessee Family Support Program. If there is anything you would like to share with them please feel free to write any comments you might have.

Please provide your name, address, and phone number, if you choose to.

***Please Send Your Completed Survey To Us
Within The Next Three Weeks!
Thank you for taking the time to fill out this survey.***

APPENDIX F

POLICY LETTERS



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
GATEWAY PLAZA
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0675
March 8, 1995

MEMORANDUM

TO: Family Support Contracted Agencies

FROM: Larry L. Durbin, Ed.D., Assistant Commissioner
Mental Retardation Services Division

SUBJECT: Family Support Allocations

The Family Support state council voted to discontinue the 20% allocation for the first month of each fiscal year for Family Support. This decision has been approved. Beginning July 1, 1995 the annual allocation for Family Support will be divided into twelve equal monthly payments.

If you have any questions or concerns, please call Jan Coatney (615) 532-6552.

LLD/jc

cc: Regional Directors
Bill Carlisle



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
GATEWAY PLAZA
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0675

MEMORANDUM

TO: Family Support Contracted Agencies

FROM: Larry L. Durbin, Ed.D., Assistant Commissioner
Mental Retardation Services Division

DATE: March 22, 1995

SUBJECT: Family Support Closure

At their latest meeting on February 14, the Family Support state council voted to recommend that Family Support be closed separately from other programs at the end of the fiscal year beginning FY 1994 - 1995. Following discussion with Fiscal Services, the Division has agreed to support this recommendation. Therefore, excess money from the 85% budget for direct expenditures cannot be used to supplement other programs at the end of the fiscal year. The administrative cost will be limited to 15% of the total cost, or your actual cost, if less than 15%.

Any funds which are not spent during the current fiscal year may not be carried through to the following fiscal year. Therefore, any funds left over in the Family Support allocation will be recouped at the end of each fiscal year. There are many persons waiting for Family Support services across the state and the funds will be reserved annually for this purpose.

If you have any questions about these issues, please call Jan Coatney, (615) 532-6552.

LLD/jc

cc: Chris Gingles
Regional Directors



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
GATEWAY PLAZA
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0675
June 7, 1995

MEMORANDUM

TO: Family Support Contracted Agencies

FROM: Larry L. Durbin, Ed.D., Assistant Commissioner
Department of Intellectual and Developmental Disabilities

SUBJECT: Family Support Issues

During FY 1994-95, all counties received a 1.5% increase in their Family Support allocations which raised the funding floor for counties with small populations from \$12,000 to \$12,180. As its most recent meeting, the Family Support Council proposed that the funding floor for counties with a small population revert to an annual amount of \$12,000. This request has been approved by the Division.

The state council has expressed concerns that the data collection for the quarterly reports is still creating problems for some agencies. The Council recommended the agency's Business Manager, rather than the Family Support Coordinators, complete the quarterly reports. The Business Managers handle fiscal reports and are more familiar with departmental reporting procedures.

If you have any questions about these issues, please call Jan Coatney, (615) 532-6530.

Thank you.

LLD/jc

cc: Regional Directors
Bill Carlisle
Family Support State Council
Family Support Coordinators



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
11TH FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0675

MEMORANDUM

To: Agencies Providing Family Support Services
From: Jan Coatney, Program Specialist
Date: June 4, 1997
Subject: 1099 Forms

The Family Support State Council met for a scheduled quarterly meeting, April 18, 1997. An issue was raised regarding 1099 forms being sent to families. There was concern that some agencies had sent 1099 forms to the IRS with a copy to families stating that the money spent through the Family Support Program was taxable income in the family's name.

The State Council stated that a 1099 form should not be sent to the families. If your agency has done so the State Council asks that you contact the families and the IRS regarding this error. You need to ask for the forms to be returned to you and forward them to the families to enable them to amend their 1040 form if they wish to do so.

If you have any questions you may contact me at the above address or by phone, (615) 532-6552.

cc: Beverly Bell
Barbara Brent
William Edington
Kathy Jordan-Grimes
Tom Sullivan
Susan Sweetser
New Agencies Providing Family Support



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
11TH FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0675**

MEMORANDUM

To: Agencies Providing Family Support Services

From: Thomas J. Sullivan, Deputy Commissioner
Department of Intellectual and Developmental Disabilities

Date: April 15, 1998

Subject: 1099 Forms

The Division's Family Support Coordinator receives many phone calls pertaining to whether families receiving Family Support funds should receive a 1099 form from the agency. The Family Support State Council asked that a letter be sent to agencies in 1997 stating that families should not be sent the 1099 form. However, agencies allocate their Family Support funds differently and the manner in which the funds are disseminated may impact on the answer to this issue. Therefore, the Division is unable to provide guidance on this issue. These questions should be directed to the agency's attorney, tax accountant, or the IRS. A form that the IRS publishes that may be helpful is "Household Employer's Tax Guide - Publication 926".

If you have any questions you may contact Jan Coatney, the Division's Family Support Coordinator at the above address or by phone, (615) 532-6552.

cc: Barbara DeAngelus
William Edington
Kathy Jordan-Grimes
Susan Sweetser
Agency Coordinators
Family Support State Council
Regional Directors



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
5TH FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE, NORTH
NASHVILLE, TENNESSEE 37243**

Memorandum

To: Agencies Providing Family Support Services
From: Jan Coatney, Family Support Coordinator
Date: June 24, 1998
Subject: New Billing Requirement for Family Support

You will recall that the State's grant contract removes the Division's ability to pay grants in twelve equal payments. Once the Division became aware of that requirement, we offered Family Support agencies the choice of two options for future billing to meet this invoice requirement.

Option 1: Report the value of actual services provided during the month.
Option 2: Report the amount of allowable expenditures for the month.

The majority of the agencies chose Option 1, which means that the agency's monthly invoice will be based on the value of actual services provided. The mechanism to be used is the "Agency Service Report" which is used to report other services provided with Division funding. The "Agency Service Report" typically lists the names of persons and the services they received fee-for-service contracts through both Waiver and state funding. Although the The Division will use this same report, we will not list persons names and services. The Division will provide a blank for the agency to use to reflect the value of actual services provided during the month plus 15% for your administrative costs.

Please remember that you will receive an advance for the July payment during the first week of August for 1/12th of your annual grant amount. Thereafter, the billing mechanism described above will be used for the remaining 11 payments.

Family Support Agencies
Billing Requirement
June 24, 1998
Page 2

Procedures for "Agency Service Report"

First day of each month - An "Agency Service Report" will be mailed to the agency.

15th day of the month - The completed report is due in Fiscal Services. Delays will result in a delay of payment until the following month.

First day of the following month - A check will be sent for the services you provided during the previous month.

If you have any questions you may contact me at the above address or by phone (615) 532-6552.

Thank you.

cc: Barbara DeAngelus
Kathy Jordan-Grimes
Susan Sweetser
Regional Directors
Family Support State Council
Tom Sullivan
Barbara Brent
William Edington
Glenda Tant
John Lewis



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
5TH FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE, NORTH
NASHVILLE, TENNESSEE 37243**

Memorandum

To: Agencies Providing Family Support Services

From: Jan Coatney

Date: September 22, 1998

Subject: Staff Training for Family Support Coordinators

The Division of Mental Retardation Services has established staff training requirements that include Family Support coordinators. Family Support coordinators are required to receive training on "Individual Rights and the ADA" and "Prevention and Reporting of Abuse and Neglect". Current Family Support staff need to take these two courses as soon as possible. For new staff this training must be completed within sixty days of employment date. "Individual Rights and the ADA" and "Prevention and Reporting of Abuse and Neglect" is a one time requirement and does not have to be completed annually. To acquire dates that training will be available for these two courses can be obtained from the following individuals:

Regional Office for DMRS

West Tennessee
Middle Tennessee
East Tennessee

Contact Person

Paula Arrington
Dot Williams
Alice Taylor

Phone Number

(901) 421-5165
(615) 231-5105
(423) 787-6757, ext. 112

***(Contact information is old – contact the DIDD Regional Office if you have questions about staff training.)
July 2006***

***(Prevention and Reporting of Abuse and Neglect has changed the name to Protection from Harm)
November 2011***

Additional information regarding training for the Family Support coordinators can be found in the Department of Intellectual and Developmental Disabilities Operations Manual for Community Providers in Chapter 4: Provider Issues; page 16.

The Family Support Guidelines are being amended to reflect several changes in the program and this training requirement will be added to the guidelines during the next several months.

cc: Regional Training Coordinators
Family Support Agency Coordinators
Family Support Regional Coordinators



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
5TH FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE, NORTH
NASHVILLE, TENNESSEE 37243**

Memorandum

To: Agencies Providing Family Support Services

From: Barbara Brent, Deputy Commissioner
Department of Intellectual and Developmental Disabilities

Date: July 13, 2000

Subject: Training Requirements for Family Support Coordinators

The Department Division of Mental Retardation Services has training requirements for staff, which includes Family Support coordinators. Originally Family Support coordinators were required to attend a one-time training for "Individual Rights and the ADA" and "Prevention and Reporting of Abuse and Neglect" (Memo dated September 22, 1998). This training is now required annually. Please refer to the Division's Operations Manual for further information regarding this training.

There has been some concern expressed that agencies do not wish to go into an individual's home and investigate a possible abuse situation. It is not your responsibility to investigate a possible abuse or neglect situation. Your responsibility as a Family Support coordinator is to report if you suspect there is an abuse/neglect situation with any of your families. The training for "Prevention and Reporting of Abuse and Neglect" will guide you on how this process works and to whom concerns should be reported.

If you have any questions or concerns please contact Jan Coatney, (615) 532-6552.

Thank you.

BB/jc

cc: Family Support Agency Coordinators
Family Support Regional Coordinators
William Edington



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TENNESSEE 37243**

Memorandum

To: Family Support Agency Directors

From: Stephen H. Norris, Deputy Commissioner
Department of Intellectual and Developmental Disabilities

Date: May 5, 2005

Subject: Health Insurance Portability and Accountability Act

The Division of Mental Retardation Services as a covered entity under the federal law, Health Insurance Portability and Accountability Act (HIPAAA) has the legal responsibility to safeguard the information that the Division receives, maintains, and transmits regarding individuals supported and provided for by the DMRS. All records and information regarding the individuals supported and/or provided for by DMRS are considered Protected Health Information (PHI).

The DMRS will eventually have a statewide secure e-mail system for us to exchange PHI information, but currently, the e-mail system is not secure for exchange of PHI. When you need to submit PHI to Jan Coatney through e-mail for Family Support recipient's you need to protect the document using the following instructions:

Write Protect a Document

Open the document

Click on Tools – Protect Document

Right click in the box under 2. Editing Restrictions and make sure that No Changes is selected

Under 3. Start Enforcement click on it to see the rest of the menus and then click on Yes, Start Enforcing Protection

Once the document is protected you may attach it to your e-mail and call and give your password to Jan

If you have any questions please call Jan Coatney, (615) 532-6552.

Cc: Family Support Coordinators
Donna Allen
Jan Coatney
Larry Latham
Regional Directors
Regional FS Coordinators
Regional FS Directors

SHN/jc



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TENNESSEE 37243**

Memorandum

To: Family Support State Agency Directors

From: Stephen H. Norris, Deputy Commissioner
Department of Intellectual and Developmental Disabilities

Date: May 5, 2005

Subject: Family Support Allocations

The Family Support program received an increase in FY 2004 but the allocation for the smaller counties remained the same. Several agencies expressed concerns that smaller counties often have fewer services than the larger counties and asked that the funding for the smaller counties be increased. For FY 2006 the Division has approved to increase the amount for the smaller counties by 10% (\$21,605 to \$23,800). The allocations for the other counties will remain the same.

If you have any questions, please call Jan Coatney, (615) 532-6530.

Cc: Family Support Agency Coordinators
Regional Family Support Coordinators
Regional Directors
Regional Family Support Directors
Regional Contract Officers
Donna Allen
Jan Coatney
Fred Hix
Larry Latham

SHN/jc



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TENNESSEE 37243**

MEMORANDUM

To: Family Support Agency Directors

From: Fred Hix, Assistant Commissioner
Administrative Services
Department of Intellectual and Developmental Disabilities

Date: June 27, 2005

Subject: Fiscal Monitoring and Billing/Payment

The Division of Mental Retardation Services conducts fiscal monitoring of agencies that contract for the Family Support program. All of the corrective action plans submitted for fiscal monitoring for FY 2005 are approved. For fiscal reviews conducted during FY 2006 the agency should send its corrective action plans to Jan Coatney with a copy sent to the fiscal auditor. Ms. Coatney will approve or disapprove your corrective action plan.

There have been concerns about changing the accounting system for distribution of Family Support funds. The Family Support agencies are to continue operating the program as they have in the past. The Service Plan will be the binding contract between the agency and the family. The agency needs to assure that if a service or amount is changed during the year that this change is documented in the Service Plan. The Service Plan needs to match the checks that are written to the family during the year. Also, the agency needs to attempt to obtain receipts for purchases and have a paper trail for in-home services provided to the family. If the agency makes a direct payment to a vendor (rather than to the family) there must be written verification between the agency and the vendor of the service or item provided and the verification must include the vendor's signature.

The Division of Mental Retardation Services and the agencies are subject to monitoring from the Internal Audit Division as well as the Comptroller's office. Therefore, agencies need to assure that they keep a good internal accounting system that has appropriate documentation.

If you have any questions please call Jan Coatney, (615) 532-6552.

Cc: Family Support Coordinators
Family Support State Council
Donna Allen
Jan Coatney
Larry Latham
DIDD Fiscal Monitors
Regional Directors
Regional FS Coordinators
Regional FS Directors

FH/jc



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TENNESSEE 37243**

MEMORANDUM

To: Family Support Agency Directors

From: Fred Hix, Assistant Commissioner
Administrative Services
Department of Intellectual and Developmental Disabilities

Date: September 13, 2005

Subject: Billing/Payment

This letter is to follow up on a memo that sent on June 27, 2005 regarding the accounting system for distribution of Family Support funds. The letter stated that if an agency makes a direct payment to a vendor (rather than to the family) there must be written verification between the agency and the vendor of the service or item provided and the verification must include the vendor's signature. There was great concern that it is difficult to get a signature for many transactions taking place over the phone to reimburse physicians, utility companies, drug stores... for services provided for a family. There needs to be verification of funding between the agency and the vendor but the only situation you would need a vendor signature is for in home services such as respite care, homemaker services, and personal assistance.

If you have any questions please call Jan Coatney, (615) 532-6552.

Cc: Family Support Coordinators
Family Support State Council
Donna Allen
Jan Coatney
Larry Latham
DIDD Fiscal Monitors
Regional Directors
Regional FS Coordinators
Regional FS Directors

FH/jc



**STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TENNESSEE 37243
February 23, 2011**

To Family Support Agencies,

The Family Support State Council met earlier this month and asked that we follow up with you on several topics.

Competitive Bids

FSG - Page 8; "The current limit on benefits is \$4,000.00 per individual with a severe or developmental disability in a family."

FSG - Page 20: "All grantees/contract agencies for the provision of Family Support services will assure that their programs will:

- i) attempt to obtain competitive bids for goods, materials, and supplies for anything over \$2,000."

This \$2,000 competitive bid will remain in effect but make sure there is documentation of at least 2 bids in the individual files. Anytime there are not at least 2 bids for a purchase of over \$2,000 there should be a note in the file reflecting that attempts were made and why 2 bids were not obtained.

In-Home Invoices

You received a copy of the February 8th State Council meeting summary. The meeting summary addressed an issue of inconsistent signatures on some In-Home invoices submitted by the same provider. When reviewing invoices for In-Home Services make sure there is some comparison of signatures and names of providers. If there is any doubt about the validity of signatures, contact the Family Support DIDD staff and they will follow up with the providers for verification.

Proof of Disability

FSG – Page 4; "Continued eligibility for families/individuals receiving services will be reviewed at least annually." Notes: "Family situations change and it is recommended that the Family Support staff review the eligibility checklist at least annually with families that are approved for an additional year."

FSG – Appendix B; The Eligibility Checklist has a check box to verify that the proof of disability is on file. Also, there is an annual contact sheet on the back of the Eligibility Checklist that states: "Family situations and disability can change. It is recommended that the Family Support staff review the Eligibility Checklist at least annually with families that are approved for an additional year and document the contact below."

The agency staff will know when there is a disability that could possibly show some improvement and will want to ask for a periodic update of the status of the disability.

Family Support Agencies
February 23, 2011
Page 2

If you are ever unsure of a situation, let me know and I will contact the State Council Policy and Procedures Committee for guidance.

Please let us know if you have any questions or concerns.

Sincerely,

Jan Coatney
State Family Support Coordinator

Cc: Family Support State Council
 DIDD Regional Directors and Family Support Supervisors
 Family Support Agency Directors and Staff
 Family Support Regional Coordinators
 Richard Strecker
 Lee Vestal

/jc

APPENDIX G

CITIZENSHIP DOCUMENTATION

CITIZENSHIP

Federal Medicaid law requires proof of citizenship and now in state government and in DIDD proof of citizenship for all program participants through contracts, grants and/or recipients of services is now required no matter the funding source. 42 CFR 435.407

If you receive SSI based upon a disability; you DO NOT have to show the attached proof of citizenship. Section 1903 (x) (2) of Social Security Act.

Proof of citizenship is NOT proof of identity, however, so you still must show proof of identity, too, such as your Driver's License.

You are a citizen or a national if:

- Born in US, DC, Puerto Rico, Guam, Virgin Islands or North Marina Islands, or
- You are a naturalized citizen; or
- Born abroad to US citizens, or
- You are a national from American Samoa or Swain's Island, or
- Born and adopted by US citizen in accordance with Child Citizen Act of 2000 when one parent is a US citizen or a naturalized citizen.

Proof of citizenship can be made through four (4) tiers or levels. If you do not have the required proof in the first level, you move on to the next level of acceptable proof. (See attached list)

**PUBLISHED BY
TENNCARE MEDICAID
AND
TENNCARE STANDARD
POLICY MANUAL
DECEMBER 2009**

TENNESSEE DEPARTMENT OF HUMAN RESOURCES

CITIZENSHIP

Policy Statement

Legal Base: 42 C.F.R. 435:409, 435:408

State Rule: 1240-3-.02(5)

Effective 7/1/06, the Deficit Reduction Act (DRA) amends federal Medicaid law to require **all** citizens applying for or renewing their Medicaid coverage to provide satisfactory documentary evidence of citizenship or nationality. This requirement applies to all applicants and recipients of Medicaid, TennCare Standard, and any other 1115 medical assistance waiver program. The citizenship documentation requirement does not change Medicaid rules relating to immigrants. Undocumented immigrants remain eligible only for emergency Medicaid services.

NOTE: Individuals who are not able to document citizenship may receive Families First (FF) cash but will not be eligible to receive AFDC-MO. Individuals must meet citizenship requirements to qualify for AFDC-MO (Medicaid Only coverage).

The DRA of 2005 has very specific requirements for documentary evidence and the federal government has adopted a hierarchical approach in the way verification **must** be obtained. There are four levels of **acceptable documentary evidence** that must be used to satisfy the citizenship requirement and states must begin with acceptable primary evidence. If the primary source of evidence is not available, then states must use evidence from the secondary level and if that is not available, then move to the third level of acceptable evidence. As a last resort, the fourth level of acceptable evidence may then be used.

Documents obtained from the primary list are the most reliable primary documentary evidence and may be used to verify citizenship and identity. If the individual is not able to produce an item that is an acceptable primary source of evidence, the state may then try to obtain evidence from the acceptable evidence identified as secondary through fourth levels of evidence. Secondary through level four sources of evidence may be used to verify citizenship only and the individual will be required to also present an acceptable form of identity.

Section 1903(x) of the Social Security Act (the Act), which establishes new requirements for documentation of citizenship by Medicaid applicants or recipients who declare they are citizens or nationals of the United States.

Section 1903(x)(2) has been amended to exempt two additional groups of individuals from the provisions requiring presentation of satisfactory documentary evidence of citizenship or nationality. The two groups are:

- Individuals receiving Social Security Disability or Supplemental Security Income (SSI) based on the individual's disability; and
- Individuals to whom child welfare services are made available based on the child being in foster care, or receiving adoption assistance or foster care assistance.

An individual is a citizen of the United States if:

- He/she was born in the United States, District of Columbia, Puerto Rico, Guam, Virgin Islands or the Northern Mariana Islands, or
- He/she is a naturalized citizen, or
- He/she was born abroad to U.S. citizens, or
- He/she is a national from American Samoa or Swain's Island, or
- He/she was born abroad and adopted by a U.S. citizen in accordance with the Child Citizenship Act of 2000, when:

at least one parent of the child is a U.S. citizen, either by birth or naturalization;

the child is under 18;

the child is residing in the United States in the legal and physical custody of the U.S. citizen parent after having been lawfully admitted into the country as an immigrant for lawful permanent residence; and the adoption is final.

The citizenship requirement applies to all Medicaid applicants and recipients. New applicants must provide satisfactory evidence effective July 1, 2006 and recipients already enrolled in Medicaid will be required to document their citizenship at the time of their re-determination review. Documentation of citizenship is a one-time requirement. The four levels of acceptable citizenship documentation and the acceptable identity documentation follows:

Primary Documentation to Verify Citizenship and Identity

Primary evidence of citizenship and identity is documentary evidence of the highest reliability. Applicants or recipients born outside of the U.S. must submit a document listed under primary evidence of U.S. citizenship.

Primary Documents	Explanation
U.S. passport	The Department of State issues this. A U. S. passport does not have to be currently valid to be accepted as evidence of U.S. citizenship, as long as it was originally issued without limitation.
Certificate of Naturalization (N-550 or N-570)	Department of Homeland Security issues for naturalization.
Certificate of Citizenship (N-560 or N-561)	Department of Homeland Security issues Certificate of Citizenship to individuals who derive citizenship through a parent.
U.S. Passport Card	Department of Homeland Security issues this card. It provides a less expensive and more portable alternative to a traditional passport book. While the Passport Card is acceptable documentation for citizenship and identity of the bearer, it may not be used for international travel.

Secondary Documents to Establish U.S. Citizenship

Secondary evidence of citizenship is only used when primary evidence of citizenship is not available and only after a "Reasonable Opportunity Period" has been given. (Reasonable Opportunity is defined below). **The documents listed below must be originals or copies certified by the issuing agency.** Copies or notarized copies may not be accepted.

If the individual was born in Tennessee after 1949, the birth record should be available on Tennessee Clearinghouse. This is an acceptable secondary source and if Tennessee Clearinghouse is used, the case record must be thoroughly documented.

<ul style="list-style-type: none">• A U.S. public birth record showing birth in• One of the 50 U.S. states• District of Columbia• American Samoa• Swain's Island• Puerto Rico (if born after January 13, 1941)• Virgin Islands of the U.S. (on or after January, 17, 1917)• Northern Mariana Islands (after November 4, 1986 (NMI local time) or• Guam (on or after April 10, 1899)	<p>The State, Commonwealth, territory or local jurisdiction may issue the birth record document. It must have been issued before the person was 5 years of age.</p> <p>An amended birth record document that is amended after 5 years of age is considered fourth level evidence of citizenship.</p> <p>Note: If the document shows the individual was born in Puerto Rico, the Virgin Islands of the U.S., or the Northern Mariana Island before these areas became part of the U.S., the individual may be a collectively naturalized citizen. Collective naturalization occurred on certain dates listed for each of the territories. See additional Requirement below for Collective Naturalization).</p>
Certification of Report of Birth (DS-1350)	The Department of State issues a DS-1350 to U.S. citizens in the U.S. who were born outside of the U.S. and acquired U.S. citizenship at birth, based on the information shown on the FS-240. When the birth was recorded as a Consular Report of Birth (FS-240), certified copies of the Certification of Report of Birth Abroad (DS-1350) can be issued by the Department of State in Washington, D.C. The DS-1350 contains the same information as that on the current version of Consular Report of Birth FS-240. The DS-1350 is not issued outside the U.S.
Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240)	The Department of State consular office prepares and issues this. A Consular Report of Birth can be prepared only at an American consular office overseas while the child is under the age of 18. Children born outside of the U.S. to U.S. military personnel usually have one of these.
Certification of Birth Abroad (FS-545)	Before November 1, 1990, Department of State consulates also issued Form FS-545 along with the prior version of the FS-240. In 1990, U.S. consulates ceased to issue Form FS-545. Treat an FS-545 the same as the DS—1350.
United States Citizen Identification Card (I-197) or the prior version I-179 (Section 6036 referred to these documents in error as an I-97)	INS issued the I-179 from 1960 until 1973. It revised the form and renumbered it as Form I-197. INS issued I-197 from 1973 until April 7, 1983. INS issued Form I-179 and I-197 to naturalized U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings Although neither form is currently issued, either form that was previously issued is still valid.
Final adoption decree for children born in the U.S.	The adoption decree must show the child's name and U.S. place of birth. In situations where an adoption is not finalized and the State in which the child was born will not release a birth certificate prior to final adoption, a statement from a State approved adoption agency that shows the child's name and U.S. place of birth is acceptable. The adoption agency must state in the certification that the source of the place of birth information is an original birth certificate.

Children born outside the U.S. and adopted by U.S. citizen	<p>In order to qualify for Medicaid, the child must meet the following:</p> <p>At least one parent of the child is a U.S. citizen, either by birth or naturalization.</p> <p>The child is under the age of 18.</p> <p>The child must be residing in the U.S. in the legal custody of the U.S. citizen parent after having been lawfully admitted into this country as an immigrant for lawful permanent residence.</p> <p>If the child has been adopted, the adoption must be final.</p> <p>To meet citizenship requirement for Medicaid eligibility, the four (4) requirements listed above must be met and DHS must view the final adoption decree.</p>
Evidence of civil service employment by the U.S. government	The document must show employment by the U.S. government before June 1, 1976.
Official Military record of service	The document must show a U.S. place of birth (for example DD-214 or similar document showing a U.S. place of birth).
American Indian Card (I-872)	DHS issues this card to identify a member of the Texas Band of Kickapoos living near the U.S. /Mexican border. A classification code "KIC" and a statement on the back denote U.S. citizenship.
Northern Mariana Card (I-873)	The former Immigration and Naturalization Service (INS) issued the I-873 to collectively naturalized citizen of the U.S. who was born in the NMI before November 4, 1986. The card is no longer issued, but those previously issued are still valid.

Third Level Documents to Establish U.S. Citizenship

Third level of evidence of U.S. citizenship is used when neither primary nor secondary verification is obtained within the "Reasonable Opportunity Period". A second document will be needed to verify identity.

Extract of hospital record on hospital letterhead established at the time of the person's birth and was created at least 5 years before the initial application date and indicates a U.S. place of birth	<p>Do not accept a souvenir "birth certificate" issued by the hospital.</p> <p>Note: For children under 16 the document must have been created near the time of birth or 5 years before the date of application.</p>
Life or health or other insurance records showing U.S. place of birth and was created at least 5 years before the initial application date	Life or health insurance records may show biographical information for person including place of birth; the record can be used to establish U.S. citizenship when it shows a U.S. place of birth.

Fourth Level Documents to Establish U.S. Citizenship

Fourth level of evidence is the least reliable and should only be used in the rarest of circumstances. Only accept this form of evidence if the applicant alleges U.S. citizenship and there is nothing indicating he/she is not a citizen and a document verifying identity is presented.

Federal or State census record showing U.S. citizenship or U.S. place of birth (Generally for persons born 1900 through 1950)	<p>The census record must also show the applicant's age.</p> <p>Note: Census records from 1900 through 1950 contain certain citizenship information. To secure Requirements this information the applicant, recipient or State should complete a form BC-600, Application for Search of Census Records for Proof of Age. Add in the remarks portion "U. S. citizenship data requested". Also add that the purpose is for Medicaid eligibility. This form requires a fee.</p>
Other document as listed in the explanation that was created at least 5 years before the application for Medicaid	<p>This document must be one of the following and show a U.S. place of birth:</p> <p>Seneca Indian tribal census record.</p> <p>Bureau of Indian Affairs tribal census records of the Navaho Indians.</p> <p>U.S. State Vital Statistics official Notification of birth registration.</p> <p>An amended U.S. public birth record that is amended more than 5 years after the person's birth.</p> <p>Statement signed by the physician or midwife who was in attendance at the time of birth.</p>
Institutional admission papers from a nursing home, skilled nursing care facility or other institution and was created at least 5 years before the initial application date and indicates a U.S. place of birth	<p>Admission papers generally show biographical information for the person including place of birth; the record can be used to establish U.S. citizenship when it shows a U.S. place of birth.</p>
Medical (clinic, doctor, or hospital) record and was created at least 5 years before the initial application date and indicates a U.S. place of birth	<p>Medical records generally show biographical information for the person including place of birth; the record can be used to establish U.S. citizenship when it shows a U.S. place of birth.</p> <p>Note: An immunization record is not considered a medical record for purposes of establishing U.S. citizenship.</p> <p>Note: For children under 16 the document must have been created near the time of birth or 5 years before the date of application.</p>
Written Affidavit (notarized statements)	<p>Affidavits should ONLY be used in rare circumstances. An affidavit by at least two individuals of whom one is not related to the applicant/recipient and who have personal knowledge of the event(s) establishing the applicant's or recipient's claim of citizenship. The person(s) making the affidavit must be able to provide proof of his/her own citizenship and identity for the affidavit to be accepted. If the affiant has information which explains why documentary evidence establishing the applicants claim of citizenship does not exist or cannot be readily obtained, the affidavit should contain this information as well. It must also be signed under penalty of perjury by the person making the affidavit. A second affidavit from the applicant/recipient or knowledgeable individual explaining why documentary evidence does not exist or cannot be readily obtained must also be requested.</p>

Evidence of Identity

Identity must also be established. When primary evidence of citizenship is not available, a document from lists 2 through 4 may be presented if accompanied by an identity document from this list.

Certificate of Degree of Indian or Indian Blood, or other U.S. American Indian/Alaska Native tribal document	Acceptable if the document carries a photograph of the applicant or recipient, or has other personal identifying information relating to the individual.
Any identity document described in section 274A(b)(1)(D) of the Immigration and Nationality Act	Use 8 CFR 274a.2 (b) (1) (v) (B) (1). This section includes the following acceptable documents for Medicaid purposes: Driver's license issued by State or Territory either with a photograph of the individual or other identifying information of the individual such as name, age, sex race, height, and weight or eye color. School identification card with a photograph of the individual. U. S. military card or draft record. Identification card issued by the Federal, State, or local government with the same information included on drivers licenses. Military dependent's identification card. Native American Tribal document. U. S. Coast Guard Merchant Mariner card.

Acceptable Documentation for Children Age 16 or Younger to Verify Identity

- School identification card with photograph.
- Military dependent's identification card if it contains a photograph.
- School record that shows date and place of birth and parent(s) name.
- Clinic, doctor or hospital record showing date of birth.
- Affidavit signed under penalty of perjury by a parent or guardian attesting to the child's identity.

NOTE: For children under 16, school records may include nursery or daycare records. If none of the above documents in the preceding charts are available, an affidavit is acceptable if it is signed under penalty of perjury by a parent or guardian stating the date and place of the birth of the child and cannot be used if an affidavit for citizenship was provided. An affidavit can not be used to verify identity if one was used to verify citizenship.

TennCare Medicaid and TennCare Standard Policy Manual (Citizenship Tiers; Pages 33 – 41):

<http://www.tn.gov/humanserv/adfam/StandardManual.pdf>

APPENDIX H

RESIDENCY REQUIREMENT DETERMINATION

71-5-120. Residency Requirement - Determination

- (a) No period of residence in this state shall be required as a condition for eligibility for medical assistance under this chapter, but an individual who does not reside in this state shall not be eligible.
- (b) The rules shall require that state residency is not established unless the applicant does both of the following
 - (1) The applicant produces one (1) of the following:
 - (A) A current Tennessee rent or mortgage receipt or utility bill in the adult applicant's name;
 - (B) A current Tennessee motor vehicle driver's license or identification card issued by the Tennessee department of safety in the adult applicant's name;
 - (C) A current Tennessee motor vehicle registration in the adult applicant's name;
 - (D) A document showing that the adult applicant is employed in this state;
 - (E) A document showing that the adult applicant has registered with a public or private employment service in this state;
 - (F) Evidence that the adult applicant has enrolled the applicant's children in a school in this state;
 - (G) Evidence that the adult applicant is receiving public assistance in this state;
 - (H) Evidence of registration to vote in this state; or
 - (I) Other evidence deemed sufficient to the bureau and/or the department of human services as proof of residency in this state; and
 - (2) The adult applicant declares, under penalty of perjury, that all of the following apply:
 - (A) The adult applicant does not own or lease a principal residence outside of this state; and
 - (B) The adult applicant is not receiving public assistance outside of this state. As used in this subdivision (b)(2)(B), "public assistance" does not include unemployment insurance benefits.
 - (3) Residency for minors shall be determined as otherwise permitted under state and federal law. A minor for the purposes of this subdivision (b)(3) is a person younger than nineteen (19) years of age.
- (c) A denial of determination of residency may be appealed in the same manner as any other denial of eligibility. A determination of residency shall not be granted unless a preponderance of the credible evidence supports the adult applicant's intent to remain indefinitely in this state. In making determinations or verifications of residency, subject to the requirements of subsection (b), the department of human services shall apply the same policies and procedures as are applied in the determination of residency for other programs administered by the department to the extent permitted under or by federal law.
(The Family Support Program has its own Grievance/Appeals process that will be followed if a grievance is filed: Family Support Guidelines; Section 9)

APPENDIX I

TITLE VI

TITLE VI FORM
DISCRIMINATION IS PROHIBITED

To assure that the agencies receive the latest version each spring for the following fiscal year it is recommended that the agencies print the form from the web site for the Department of Intellectual and Developmental Disabilities.

http://www.tn.gov/didd/civil_rights/index.html



STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TENNESSEE 37243

Family Support Program
Title VI Self Survey Information

Agency Name: _____ Date: _____

Person Completing Form: _____ Phone #: _____

**Submit this information to the Family Support State Coordinator
in Central Office by July 31st of each year**

This form needs to document the total number of persons that have received funding from the Family Support Program this fiscal year (July 1 through June 30).

Total Number of Service Recipients receiving funding during the reporting period:	
Total Number of Service Recipients receiving waiver services:	
Total Number of Service Recipients not receiving waiver services:	

Total Number of non-waiver* Service Recipients by Ethnicity:

(*This # does not include persons receiving waiver services through DIDD)

Caucasian	African-American	Hispanic	Other	Total

Total Number of non-waiver* Service Recipients by Gender:

(*This # does not include persons receiving waiver services through DIDD)

Male	Female	Total

APPENDIX J

FAMILY SUPPORT STATE COUNCIL MEMBERS

TENNESSEE FAMILY SUPPORT COUNCIL
FY 2012 - 2013

District 1	Rick Cutshaw
District 2	Linda Rutherford
District 3	Kaye Foust
District 4	Amanda Ferrell
District 5	Errol Elshtain
District 6	Chesley Enloe
District 7	Clarissa Williams
District 8	Daryll McGuire
District 9	Sally Harrison
TN Council on Dev. Disabilities	Lynette Porter
Center for Independent Living	Mark Montgomery
TNCO	Phillip Garner
Tennessee Disability Coalition	Courtney Jenkins-Atnip
DIDD	Marian Loy
At Large	Jim Shulman
Staff Support	Jan Coatney Department of Intellectual and Developmental Disabilities Frost Building, 2 nd Floor 161 Rosa L. Parks Boulevard Nashville, TN 37234 (615) 532-6530 E-Mail: Jan.Coatney@tn.gov

Updated May 2013

APPENDIX K

FAMILY SUPPORT AGENCIES AND COORDINATORS

FAMILY SUPPORT AGENCIES - FY 2013 - 2014

West Tennessee

C. S. Patterson Training Center

P. O. Box 229

Trenton, TN 38382

Phone: (731) 855-2316

Director: Harry Adcock

Family Support Staff: Rhonda Clark

Counties Served: Benton, Carroll, Crockett, Dyer, and Gibson

Helen R. Tucker Adult Developmental Center

P.O. Box 648

Ripley, TN 38063

Phone: (731) 635-4290

Director: Martha Drumright

Family Support Staff: Ethel Tyus

Counties Served: Henry, Lake, Lauderdale, Obion, Tipton, and Weakley

Madison/Haywood Developmental Services

P.O. Box 11205

Jackson, TN 38308

Phone: (731) 664-0855

Director: William (Bill) Brewer

Family Support Staff: Samantha Barker, Ken Hall, Debbie Jeanes, and Pam Sykes

Counties Served: Chester, Decatur, Hardeman, Hardin, Haywood, Henderson, Madison, and McNairy

Shelby Residential and Vocational Services, Inc.

3971 Knight Arnold

Memphis, TN 38118

(901) 312-6877

Director: Tyler Hampton

Family Support Staff: Troy Allen, Cherry Davis, Michelle Harris, Latisha Reynolds, and Tonya Sevion

Counties Served: Fayette and Shelby

Middle Tennessee

The Arc Davidson County

111 North Wilson Blvd.

Nashville, TN 37205

Phone: (615) 321-5699

Director: Sheila Moore

Family Support Staff: Pam Romer

Counties Served: Davidson

The Arc of Williamson County

129 W. Fowlkes, Suite 151

Franklin, TN 37064

Phone: (615) 790-5815

Director: Sharon Bottorff

Family Support Staff: Sharon Bottorff

Counties Served: Williamson

Buffalo River Services, Inc.

P. O. Box 847

Waynesboro, TN 38485

Phone: (931) 762-3381

Director: Philip Garner

Family Support Staff: Mary Staggs

Counties Served: Giles, Hickman, Lawrence, Lewis, Maury, Perry, and Wayne

Family Support Agencies
Page 2

Community Development Center

111 Eaglette Way
Shelbyville, TN 37160
Phone: (931) 684-8681
Director: Sarah Hunt
Family Support Staff: Christy Jensen
Counties Served: Bedford, Coffee, Franklin, Lincoln, Marshall, and Moore

Developmental Services of Dickson County – Dickson Office

115 Luther Drive
Dickson, TN 37056
Phone: (615) 446-3111
Director: Don Redden
Family Support Staff: Ruthelma Warf
Counties Served: Cheatham, Dickson, Houston, Humphreys, Montgomery, and Stewart

Developmental Services of Dickson County – Montgomery Office

Regions Bank (downtown), Suite 216
128 N. Second Street
Clarksville, Tennessee 37041-0546
Phone: (931) 648-3695
Director: Don Redden
Family Support Staff: Marion Hill and Ellen McCollum
Counties Served: Montgomery, and Stewart
www.dsdc.org

Habilitation and Training Services, Inc.

545 Airport Road, P. O. Box 1856
Gallatin, TN 37066
Phone: (615) 575-4119
Director: Ben Minnix
Family Support Staff: Elaine Broyles
Counties Served: Robertson, Sumner, and Trousdale

Pacesetters, Inc.

P. O. Box 49018, 2511 Highway 111 North
Algood, TN 38506
Phone: (931) 537-9100
Director: Karen Galbraith
Family Support Staff: Jackie Haynes and Vickie Winstead
Counties Served: Cannon, Clay, Cumberland, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Van Buren, Warren, and White

Prospect, Inc.

960 Maddox Simpson Pkwy.
Lebanon, TN 37090
Phone: (615) 444-0597
Director: Eric Thompson
Family Support Staff: Tabitha Johnson and Virginia South
Counties Served: Dekalb, Smith, and Wilson

UCP of Middle Tennessee

P.O. Box 10996
Murfreesboro, Tennessee 37129
Phone: (615) 796-3341
Director: Deana Claiborne
Family Support Staff: Jo Ver Mulm
Counties Served: Rutherford

East Tennessee

The Arc of Washington County
110 East Mountcastle Drive, Suite 1
Johnson City, TN 37601-7557
Phone: (423) 928-9362
Director: Malessa Fleenor
Family Support Staff: Linda Tilson and Kim Wheeler
Counties Served: Carter, Hawkins, Hancock, Johnson, Sullivan, Unicoi, and Washington

Cerebral Palsy Center
241 East Woodland Avenue
Knoxville, TN 37917
Phone: (865) 523-0491
Director: Robert E. Sexton
Family Support Staff: Karen Shirk
Counties Served: Knox

Emory Valley Center, Inc.
715 Emory Valley Road
Oak Ridge, TN 37830
Phone: (865) 813-0577
Director: Jennifer Enderson
Family Support Staff: Nancy Vanderlan (865) 813-0577
Counties Served: Anderson, Blount, Campbell, Cocke, Jefferson, Loudon, Morgan, Roane, Scott, and Sevier

Greene County Skills
130 Bob Smith Boulevard
Greeneville, TN 37745
Phone: (423) 798-7106
Director: Jim Gillen
Family Support Staff: Mandy Casteel and Teresa Crawford
Counties Served: Claiborne, Grainger, Greene, Hamblen, and Union

The Team Centers, Inc.
Medical Towers, Suite 100
1000 East 3rd Street
Chattanooga, TN 37403
Phone: (423) 622-0500
Director: Peter Charman
Family Support Staff: Kristi Tankersley; ext. 1134
Counties Served: Bledsoe, Bradley, Grundy, Hamilton, Marion, McMinn, Meigs, Monroe, Polk, Rhea, and Sequatchie

Revised July 2013

**DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
FAMILY SUPPORT COORDINATORS**

WEST TENNESSEE

Susan Kurts-Acred
West Tennessee Regional Office
11437 Milton Wilson Road
Arlington, TN 38002
(901) 745-7348
Email: Susan.Kurts-Acred@tn.gov

Fax: (901) 745-7723

MIDDLE TENNESSEE

Tammie Browning
Middle Tennessee Regional Office
275 Stewarts Ferry Pike
Nashville, TN 37214
(615) 884-1921
Email: Tammie.Browning@tn.gov

Fax: (615) 884-4317

EAST TENNESSEE

Guy Jones
East Tennessee Regional Office
5908 Lyons View Drive
Knoxville, TN 37919
(865) 588-0508; ext. 169
Email: Guy.Jones@tn.gov

Fax: (865) 588-3358

STATEWIDE

Jan Coatney
Central Office
Frost Building, 2nd Floor
161 Rosa L. Parks Boulevard
Nashville, TN 37243
(615) 532-6552
Email: Jan.Coatney@tn.gov

Fax: (615) 532-9940